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Original Department.

[Written for the Therapeutic Gazette.]

The Seeds of Persea Gratissima (Alligator Pear) as a New Therapeutic Agent in the Treatment of Intercostal Neuralgia, Etc.

By Henry Frœhling, M. D.,* Baltimore, M. D.

DURING the years 1876–1879 I was attached, as as chemist and scientist, to an exploring expedition in Southern Mexico, and, being somewhat interested in medical botany, took that opportunity of investigating the various officinal plants indigenous to that region, and also took particular pains to learn all I could about the various plants used medicinally by the natives. As the result of these inquiries, I have given to the profession two new remedies:

1. *Lippia Mexicana*—first described in Dr. A. H. Saxton's excellent article in the January number of THERAPEUTIC GAZETTE, which herb I gave a thorough trial in Mexico, and then sent samples for distribution to Baltimore, where a number of eminent physicians have given it a fair trial, with the most gratifying results as described in Dr. Saxton's article above referred to.

2. *Cascara Amarga*—the bark of a tree of the Genus "Picramnia," also called bark Honduras. This remedy, in regard to which I took great pains to collect whatever information I could in reference to its medicinal uses, and interested a number of my medical friends in its trial, a very favorable report being the result, I sent a lot of the bark to Baltimore, and had a fluid extract prepared and distributed with my compliments to physicians. The results of their trial have been very flattering, as shown by the reports of Drs. Atkinson, Reuling, Coyner, etc., etc., in columns of the THERAPEUTIC GAZETTE for 1881.

I now wish to call the attention of the profession to another remedy, of which, to my own relief, I made the acquaintance during my stay in Mexico, but which from lack of specimen since

*Professor of Chemistry, Toxicology, and Medical Jurisprudence, in the Baltimore College of Medicine; President of Baltimore Microscopic Society; Chairman of Section on Microscopy and Biology of the Maryland Academy of Science; Member A. A. A. S., etc.

my return, I have been unable to give any attention heretofore. I refer to the seeds of the alligator pear (*persea*), as a remedy for intercostal neuralgia. The seeds of the alligator pear, as it is well known to travelers in the tropical portion of this continent, contain a juice, which, on exposure to light, turns a brownish black color, and when applied to linen or cotton fabrics, forms an almost indelible ink. Being somewhat interested in indelible inks, I collected a quantity of the seeds for the purpose of making some experiments; but found it almost impossible to preserve them, and was forced to make a fluid extract on which to prosecute my researches.

I was prevented from making any experiments in that direction by a severe attack of malarial fever, which lasted for several months, and left me in a very enfeebled condition, and worse than all, suffering with a severe intercostal neuralgia, in which neither quinine, morphia, blisters, stimulating liniments, or, in fact, anything else I could think of afforded me relief. One day while the pains were more than usually severe, I remembered having heard that some Indians used the seeds of the alligator pear steeped in rum for the cure of rheumatism, and having the bottle of the fluid extract which I had preserved for my indelible ink experiments, I had one of my servants rub my back and breast with it. The effect was almost instantaneous. I had the application repeated twice, and have been free from that trouble since, with the exception of a slight attack last March, which was relieved by the application of a small quantity of the fluid extract.

But I have not only my own case to report, for I found no lack of cases in which to give it a trial, in fact, in the malarial districts of South Mexico, to which the work of our party was chiefly confined; neuralgia, and especially intercostal neuralgia, is of very frequent occurrence. Having collected a large quantity of the seeds, and prepared a fluid extract from them, I applied the same in a large number of cases, with a result in every respect gratifying.

I found after long continued experiments, that the seeds can be preserved for some time in moist sand, and sent a box containing about 100 pounds to Baltimore, but the vessel in which I shipped the box was detained, and afterwards met with an accident at sea, and had to put into New Orleans for repairs, that when the seeds at last arrived in Baltimore only about 3 pounds were fit for use; these were at once made into a fluid extract, but being such a small quantity was not distributed, and I found it on my arrival here. I have since had occasion to use it in several severe cases of this complaint, and have to report the same favorable results which attended its use while I was in Mexico.

A common experience among physicians is that some cases of intercostal neuralgia are very troublesome and obstinate, resisting almost every kind of treatment. Particularly is this the case in malarial districts. To those I would recommend to give the fluid extract of alligator pear seed a trial. In my own case, and in every case in which I have employed it, I have been highly gratified with the result, and would be pleased to hear the experience of other physicians in reference to it. The few of my medical friends, both here and in Mexico, to whom I have given samples, express themselves pleased with the results obtained, but the amount I have had to distribute while here has been so trifling that I would be pleased to have others try it and report. The method I have found most useful in employing the fluid extract was, to rub the chest and back with a dry towel until a good superficial circulation is obtained, then to apply from 1½ to 2 ozs. of the extract, using gentle friction, and cover the part with a piece of dry flannel to protect the clothing from stain. I have not failed to procure relief after the first application, and have generally effected a cure after three or four.

I have not made a chemical analysis of the seeds, but found that the fluid extract on spontaneous evaporation, deposits an abundant crop of crystals, soluble in water, and that the medicinal virtue seems to depend on this crystalline product. I will, however, at an early date make an exhaustive analysis, and communicate the result through the columns of the THERAPEUTIC GAZETTE.

A few experiments which I made with the crystals dissolved in water—xv to xx grains per fluid ounce—enable me to make the above statement, the results obtained were as follows: When administered in small doses, 10 min. to a dog weighing 13 pounds, the pulse increased in frequency, while, when several of the above injections were given, a notable decrease in the frequency of the pulse occurred; no abscesses were produced.

The only case in which I administered it hypodermically to a man, was in a case of intercostal neuralgia in an Indian. I employed in that case 4–7 minim doses of the solution, xx grains per fluid oz., which were followed by an increase in the pulse from 70–88 per minute, and after about 15 minutes by a complete relief from pain. No abscesses or other bad symptoms followed its use.

Besides the above uses of the (fl. ext.) seeds of the alligator pear, I have to report another to which I have seen it applied by the natives of Tehuantepec, particularly in one case in which I noted the effects carefully, that is, in the expulsion of tapeworm by its internal administration.

In this case, on giving three separate fluidrachms of the fl. ext. (16 oz. troy to 16 fl. oz.) within one hour to an adult man, followed by a dose of castor oil, expelled the worm with head attached within five hours. Among the natives the seeds are given in substance, and great anthelmintic properties are claimed for them, though I have had no further experience in that direction.

Botanical Description.—Alligator Pear, (persea gratissima, formerly laurus persea.) No fruit enjoys a greater wealth of names than this. It is the alligator pear of the English, which name, alligator, is only a corruption of the *avocato* or *aquacate* of the Spanish, or *avocat* of the French. It is also called the vegetable marrow by the English, a name which well designates its quality. In Peru and Mexico it is most commonly called *palto* or *palta*; and Grainger gives us yet another, which he says is the Indian name, when he terms it in his poem the "rich tabbaca." But in another place he employs the more usual appellation.

"And thou, green avocato, charm of sense,
Thy ripened marrow liberally bestow it."

Persea gratissima.—Avocado or alligator pear.—Natural order—Lauraceæ. General character—Hermaphroditæ (paucae diclines): Perianthium profunde sexparirium, subæqualo vel inæquale magis minusve pubescens, persistens, demum ad basin usque evanesceun. Stamina fertilia novem triplici serie, vuorum tria interiora glandulus binis globosis ad basim stipata: filamenta filiformia, villosa; antheræ oblongæ, quadrilocellatæ, locellis oblongis inæqualibus, set exteriorum anticis, trium interiorum retro spectantibus. Staminodia tria, capitulo distincto cordato-triangulari. Stigma discidea dilatatum. Bacca pedicello magis minusve incrassato subcarnosa perianthio non mutato coriaceo aut chartaceo patente cornato insidens, eoque denique destructo pedicellum omnino nudum coranaus.

Inflorescentia paniculata aut thyreoidea, in quibusdam depauperata et pauciflora, e squamarum gemmæ axillaris aut terminalis fugacium axillis, ramulis submellifloris minute bracteolatis.

P. gratissima; foliis ovato-oblongis obovatisve utrinque acutiusculis subtus reticulatis pubescentibus novemcostatis glaucis, perianthii laciniis subaequalibus oblongis, ovario glabriusculo, bacca pyriformi grandi.

This tree attains a moderate size, with a straight trunk and rough bark, handsome in full leaf. The fruit looks like a very large, long pear. It is of two or three varieties, red, purple and green, of which the green is the best. Between the skin and the hard seed is a pale butyraceous substance, the pulp interspersed with greenish veins. This pulp is much eaten by all classes of people, its taste somewhat resembling butter or marrow, and hence is called the "vegetable marrow." This pulp seems to have the character of a vegetable rather than a fruit, and is more highly appreciated by some than by others. It is so rich and mild that most people make use of some spice or pungent substance to give it poignancy; and wine, sugar, lime-juice, but mostly pepper and salt, are used. However excellent when ripe, the avocado is very dangerous if pulled and eaten before maturity, being known to produce fever and dysentery. If you take the rough stone or seed, and write upon a white wall, the letters will turn as red as blood, and never go out till the wall is whitewashed again, and then with difficulty.

The alligator pear is extensively cultivated in the West Indies, especially in Jamaica, and in tropical America generally. It is presumed to be an aboriginal of these countries, though some say imported to the islands from the South American continent. It does not appear to require any peculiar soil. It looks so much like our sassafras tree (*laurus sassafras*), that it might easily be mistaken for it at a little distance. In this resemblance it is true to its family connection, for it is one of the laurels, and is therefore closely allied with the sassafras, as well as with the bays, the cinnamon and the camphor. Leaves alternate, deciduous, four to six inches long, ovate or oval or oblong-obovate, with a short acumen moderately tapering below into a footstalk about ¾ of an inch long; the substance is between chartaceous and coriaceous, pinnately veined, glabrous above, more or less downy beneath, the margin entire. Clusters of flowers from the atils of the upper leaves, or of the cicatrices of the leaves, peduncled. Pedicels short. Perianth rather small, green, downy, set partite; segments oval, spreading. Stamens nine, nearly as long as the calyx; filaments wooly; anthers four-celled. The inner stamens have two capitate glands at the base of each. Staminodia three, resembling abortive stamens. Ovary downy, tapering into the style. Stigma obtuse. Fruit the size and shape of an ordinary pear, very pulpy, containing one large seed in the soft, butyraceous pulp, ovate, its integument crustaceous. Albumen, none. Embyro conforms to the seed. Cotyledons very large.

[Written for the Therapeutic Gazette.]

Pilocarpin in Diphtheria.

By Alfred Muller, M. D., New Ulm, Minnesota.

[DR. ALFRED MULLER, of New Ulm, Minn., has communicated to the committee on diphtheria of the Minnesota State Board of Health, the following observations and extracts from a foreign article on the use of pilocarpin in diphtheria.

Dr. Franklin Staples, chairman of the committee, in furnishing the paper for publication, observes: "While there is, seemingly, undue importance given here to the membranous exudation, or the local disease in diphtheria, the facts given by one who has had the wide experience with the disease which Dr. Muller has had, and corroborated by the foreign authorities which he gives us, are worthy of examination."

Dr. Muller writes in a note accompanying the article, which was translated for him by Dr. R. P. A. Nix, as follows: "Dr. Kuhlman, of this place, New Ulm, who has had a large number of cases, has been successful with the fluid extract of jaborandi. I have used the muriate of pilocarpine and my success in many cases was surprising to me. I have given wine after each dose of the medicine, and a sufficient quantity of the latter to excite a profuse flow of saliva, and this was kept up until all the membranes were seemily washed away. No unpleasant symptoms appeared in the use of the remedy.]

It is a well known fact that the intensity of the febrile and other phenomena accompanying diphtheria, is, in most cases, directly proportional to the extent and amount of pseudomembranous coating of the pharynx, velum and adjoining parts. On the other hand, the disappearance of the pseudomembranes indicates convalescence, except in those extraordinary cases in which a secondary disease or morbid condition is produced. It is evident that, in the therapeutic treatment of that disease, we must seek to remove the diphtheritic membrane in the shortest possible time, and attempt to mitigate the local inflammation and other characteristic phenomena. Among the corrodents and other remedial agents hitherto used, there is none that may be said to effect the complete destruction of the fungoid excrescence. Their application keeps the diseased mucous membrane in a state of constant irritation, which renders it almost impossible to check the production of new diphtheritic membrane.

Extracts from an article by Dr. George Guttmann, a Silesian physician, published in the Berliner Klinische Wochenschrift.

Dr. Guttmann, after studying the physiological effects of pilocarpin, employed this remedy in cases of bronchial catarrh. Its irritative influence upon the salivary glands, and the entire absence of inflammatory effects, led him to believe that the increased secretion of saliva following its use would tend to dissolve and remove the pseudo membranes in diphtheria. Accordingly, he tried pilocarpin as a remedy in this disease. The effects produced surpassed his most sanguine expectations.

In April, 1879, seven members of the same family were successively taken ill with diphtheria; three of these were afflicted with the worst form of the disease. With the second patient Dr. Guttmann used a medium dose of pilocarpin (0.05 daily) twenty-four hours. On the second day he noticed a very copious flow of saliva contaminated with diphtheritic pseudomembranes. In addition to pilocarpin, quinine had been taken internally; tannin had been applied to the diseased parts; the patient had gargled with lime water and pepsin. The other patients were treated in the same manner. All recovered in from two to four days.

Attributing this unexpected result to the use of pilocarpin, Dr. Guttmann resolved to continue studying its effects in cases of diphtheritic and laryngeal croup. He communicated his experience to Dr. Geldner, who, together with Dr. Dylensky, applied pilocarpin with equally satisfactory results. In a letter to Dr. Guttmann, dated August 2d, 1880, Dylensky writes:

"Accept my heartfelt thanks for kind information concerning pilocarpin, which you were the first to use for croup and diphtheria. * * * I cannot dispense with a remedy which, in the few cases which I have treated, has produced the most excellent results. Let me mention but one case. A boy of four, already quite low, by anæmia and suffering greatly from dyspnœa, was brought to my office at Pitschen. An examination showed highly swollen tonsils, and pharynx thickly covered with the characteristic diphtheritic "plaques." Local treatment with the usual corrodents was impossible, as the mouth could not be opened sufficiently on account of the swelling and pain. It was interesting to ascertain whether in this case, in which death by suffocation was to be expected every moment, pilocarpin would prove beneficial. I prescribed the usual dose, and requested that the patient, in case of surviving, be brought again two days later. On the third day, the dyspnœa and cyanosis had ceased, the swelling of the diseased parts (especially of the tonsils) had diminished, the diphtheritic pseudomembranes were scanty and small. On the seventh day the boy, though weak, was beyond danger."

From April 1879, to July, 1880, Dr. Guttmann treated sixty six cases of diphtheria. In fifteen of these cases the disease had reached such an aggravated stage that under the old mode of treatment at least two thirds would have been considered fatal. Eighteen cases were of a mild nature, with but moderate fever. The remaining thirty three showed a considerable development of diphtheritic pseudomembranes and were of such a character that under the old treatment at least ten per cent. would have been fatal. Pilocarpin was used internally in each of these sixty-six cases. Gargling preparations and quinine were also used with a few of the earlier patients. Each of the sixty-six patients recovered in a very short time. Of the fifteen most critical cases, thirteen convalesced in from two to five days, one in nine and one in eleven days. The remainder (fifty-one) recovered in from one to three days.

Those patients who were placed under Dr. Guttmann's care in the earliest stage of the disease, when the pseudomembranes were as yet but loosely attached to the mucous membrane, recovered in twenty-four hours. The use of pilocarpin produced a copious flow of saliva, which completely detached the diphtheritic membranes and infiltrations, and made the inflammation disappear. The mucous membrane dry and of a deep red color while diseased, became moist shortly after the use of pilocarpin; its color changed to a pale red, and it was in every respect reduced to its normal condition.

The same curative effects of pilocarpin were observed in other diseases involving inflammation of the mucous membrane, especially in a number of cases of pharyngitis, *angina aphtosa* and *angina tonsillaris*. In some of these, the inflammation disappeared within twelve hours. Pilocarpin was also successfully used in several cases of laryngeal croup and laryngitis stridula.

Dr. Guttmann prescribes pilocarpin in internal doses; but he does not doubt that its subcutaneous application (by injection) would produce similar results. He adds some pepsin to the solution to act as a solvent upon plaques that may reach the stomach. For children he prescribes:

℞ Pilocarpini muriatici, 0.02—0.04.
Pepsini, 0.6—0.8.
Acidi hydrochlorici, guttæ, ij.
Aquæ destillatæ, 8.0.

Sig.—One tablespoonful per hour, day and night.

For adults:

℞ Pilocarpini muriatici, 0.03—0.05.
Pepsini, 2.0.
Acidi hydrochlorici, guttæ, iij.
Aquæ destillatæ, 240.0.

Sig.—One tablespoonful per hour, day and night.

Should no perceptible effects be produced in twelve or twenty-four hours, the solution must be made stronger (the maximum is given above) and the doses taken at shorter intervals. After each dose a spoonful of heavy wine should be taken (children one teaspoonful, adults tablespoonful). The theory that several hours of sleep are more beneficial than all the medicaments, is entirely erroneous when applied to diphtheria. Dr. Guttmann ascertained that during several hours of uninterrupted sleep the dryness and inflammation of the mucous membrane, as well as the swelling and diphtheritic pseudomembranes increased to a most alarming extent. At intervals of eight hours, Dr. Guttmann applies a Pressnitz (irritating) poultice to the throat. At intervals of two hours, small portions of warm milk, coffee or soup are given alternately. The

patient should frequently drink considerable quantities of cold water the water; may be cooled with ice; bits of ice may be taken into the mouth.

From July to October, 1880, Dr. Guttmann employed pilocarpin in fifteen more cases of diphtheria with unfailing success. The successful treatment of eighty-one cases within eighteen months induces him to regard pilocarpin as a specific for that disease. In an appendix to his article of October 4th, 1880, he describes the following case:

The patient was a boy of seven. He was found in deep coma, breathing noisily; could hardly be roused, and immediately dropped back; coma; temperature above 40°C. (104°F.), but head, hands, and feet becoming cool from time to time; pulse full and rapid; had complained of headache, but not of pain in throat; submaxillary glands somewhat swollen; tonsils, pillars of the fauces and hinder wall of pharynx deep red and completely covered with diphtheritic plaques. To reduce the temperature Dr. Guttmann gave *chinii muriatici* 0.5 in solution, and then the pilocarpin preparation. The next day temperature reduced; copious flow of saliva; diphtheritic layers and inflammation had almost entirely disappeared; only right tonsil deep red and showing some pseudomembranes. Four days later the patient had recovered.

The superiority of pilocarpin over all other remedies for diphtheria appears to be established by Dr. Guttmann's experience. Dilute alcohol, carbolic and salicylic acids, and the different salts hitherto employed, may destroy the surface layers of fungoids, but they seldom effect the more dangerous layers below. By the use of pilocarpin however, these are dissolved and completely detached from the mucous membrane, and removed from the body by the saliva. The pilocarpin treatment also enables us to check the epidemic propagation of the disease. The saliva containing the dissolved pseudomembranes should be disinfected by collecting it in a vessel containing a concentrated solution of carbolic acid or some other actual disinfecting agent. The bed and clothing should be protected by wrappers. By burning the latter and disinfecting the saliva, all infectious matter may be destroyed.

[Written for the Therapeutic Gazette.]

Clairvoyancy or Mind-Reading.

By J. P. Baird, M. D., Moscow, Tenn.

IN the August number of the GAZETTE I noticed, and read with much interest, the article headed, "The Telephone of Spiritualism," and as I have had some experience similiar to that of the writer of that article, I will submit it to you for publication or not, as you think best:

In July 1878 I met with a man in our little village (Moscow), who said he possessed the power of mind-reading. Now as I was always during my life up to this time, a non-believer in clairvoyancy, animal magnetism, spiritualism, or anything else that approached the supernatural, I was very anxious to test the man's power, and believing that most of these wonderful things performed by magnetizers were performed through fraud, I was determined I would not give this man an opportunity to deceive me. I was with several other gentlemen in our drug store at the time, and I requested the man to leave the drug store, while I secreted a ten cent silver coin, which he was to find and keep it for his trouble. After hiding the coin, I had the man brought back, and told him I was ready for him to find the coin. "I wish to have these conditions," said he, "that you are to keep your mind on the spot where you concealed the coin, that you are not to speak or whisper to anyone else or to me while I am seeking it, that you are to allow me to lead you at my will, while hunting for it, and that no one else is to speak or disturb me while doing so." We all agreed to the conditions. He then took hold of my hand, made a few passes over it with his hand, then placed the same hand to my forehead he made the passes with, then made a few more passes over my hand with his, then placed the back of my hand he made the passes over to his forehead, and started very swiftly leading me to hunt the coin which he soon found.

I will state that in hiding the coin, I made three attempts to hide it before I found a place I thought was secure enough. At first I put the coin under a card on top of a coal stove, and not liking that place, I then started to put it under a stone slab lying on a box, and finally, I put it between some weights used in weighing drugs, etc. He led me to the places in order I have named. Going to the stove he picked up the card, thence to the stone slab, and thence to the weights where he found the coin. I am sure he had no chance whatever in seeing me secrete the coin. Dr. J. S. Allen, one of our physicians, proposed to him that he, (Allen), would think of some one in the room, and see wether he could tell whom he thought of. After making the passes, etc., as he did with me, the clairvoyant led Dr. A. to the individual thought of. He did this three successive times, Dr. A., thinking of three different persons. Finally he proposed himself, if anyone would take a pin and hide it outside the drug store, that he would go and find it. Dr. A. took the pin, crossed over the street, and stuck it in a store house and closed the window blinds over it so as to completely hide it from view. It is useless to add, that the clairvoyant led Dr. A. directly to the spot, pulled back the window blinds, and found the pin. I am very certain that he did not see Dr. A. hide the pin, for I with several others were in the drug store while it was being secreted. To prove that it was not the sense of vision he used in finding things hidden, the pin operation was performed at night, and one of the young men told him that he wished him, the clairvoyant, to lead him to his sweetheart's door. It was quite dark, and the young lady lived some distance in the suburbs, but the clairvoyant told the young man if he would keep his mind on the spot where his sweetheart lived, he would lead him to her, which he did. While he was operating I observed that the perspiration poured from his face. I asked if it did not tax his nervous system very heavily while operating. He answered it did, that he felt quite weak sometimes after operating. I propounded the following questions to him:

Q. What is your name? Ans. Edward Holtzmer. Q. Are you a German? Ans. Yes. Q. How old are you? Ans. 29 years old. Q. How long have

you known that you possessed this power? Ans. Three or four years. Q. You have not known and practiced it all your life then? Ans. No. Q. Do you not find some minds too strong for you? Ans. No; the more intelligent the person operated with the better I can operate. I meet with much trouble when I have a fool or ignorant man to operate with. Q. If you were to see a man who possessed this power could you tell him by his physiognomy? Ans. Yes. Q. Have you ever met with one? Ans. No. Q. How did you find out that you possessed this power? He then related the following story: "I am a sailor, or was one by occupation. Several years ago, we went up to the mining regions in the winter, and while their our vessel got icebound. One day myself and Charlie Miller, (a clerk for one of the mining companies), a friend of mine, took our guns and revolvers and sauntered out to have a bear hunt. We soon espied a bear; Charlie raised his gun; fired and only slightly wounded it. It soon disappeared, and directly we heard a strange half shriek and half whoop and I told Charlie that it was an Indian, for our vessel was in the neighborhood of a tribe called Chippewas. Charlie and I ran dow to where we heard the yell, and this is what met our eyes:

"An old Indian about 75 or 80 years old was grappling with the bear we had wounded. Whether he had attacked the bear or the bear him I know not, but one thing I saw for a certainty, the bear was getting the best of the old Indian. I raised my carbine to my shoulder took good aim and fired, plugged Mr. Brun right between the eyes, almost grazing the old Indian at the same time. with the bullet. We found the old Indian to be the chief of the Chippewas. We took him up, for he was badly lacerated, his side and arms were torn and bleeding, and we carried him back to our ship, and took care of him until he got well. One day after the old chief had recovered, he was standing watching Charlie and me play at cards. I beat Charlie several games and won the stakes, which caused the old Indian to utter a series of ughs and grunts, and he said in his own language, something about my having a great power to see what was in my opponent's hand without seeing the face of his cards. I got after the old Indian to tell me all about that great power, he thought I possessed, and he said he would do so as soon as he and I were alone. Opportunity soon offered, and he told me I possessed the power of clairvoyance, and taught me how to use my power. He was a clairvoyant himself, and therefore knew me to be one as soon as he saw me. He went and hid his own knife, after instructing me, and although it was my first attempt, I found it immediately. He told me when I got to be 32 or 33 years of age, if I would apply myself diligently to the study of the human face, that I would be so advanced, that I could tell what a person was thinking about by simply looking at his face. This is how I came to be a clairvoyant."

Mr. Holtzmer was about five feet 2 or 3 inches high, squarely built, medium size head, a prominent forehead, which had the broad German caste, dreamy grey eyes, rather thick lips and light hair. He was a man of only ordinary intellect, and spoke the English tongue tolerably well. He was quite a wag, and seemed to delight in boasting of his secret power.

Now the question is this, there is a cause for every effect, and where or what is the cause of this almost superhuman power of clairvoyancy? I expressed my opinion at the time we witnessed the clairvoyant operation, that it was animal magnetism, but some of our learned men present disputed it, saying that it was a special gift from God. I enquired of Mr. Holtzmer, if it was necessary for him to make the passes, etc., to be successful in his performances and he replied it was. I saw then it must be through the medium of animal magnetism that he could tell where anything was concealed. In every instance he made the passes and placed the hand of the person operated with to his own forehead, and in every instance he required the person to keep his mind on the object sought for, and to follow him at his will. I noticed on one or two occasions, Mr. H., was bothered by the medium thinking of something else besides the the thing sought for, thus breaking the magnetic chain, and I observed as soon as the medium let his mind return to the object sought, the clairvoyant readily found it. When he seemed to be in doubt he would butt the medium's hand, upon which his own head rested, against the object of doubt, as if trying to bring all the magnetic forces together, that of the object, that of the medium, and that of his own, and it seemed if there was a jarring or discord, he was pretty certain it was not the object sought. I would like to hear the editor of the GAZETTE's opinion upon this matter, as it is a very mysterous one to me, as I can not see why one man cannot perform these strange feats as well as another, and yet we find the fewest number who can do so. It may be a natural gift but the question is can it not be acquired.

[The question above raised is one which legitimately comes within the province of medicine to consider. There is in the circumstances here narrated a germ of truth, mystified though it be by a mass of irrelevancy and nonsense. We should cheerfully have responded to our correspondent's request to give our views on the subject in this issue, but extra demands on our space oblige us to hold remarks, which we have prepared, over until our next issue. EDITOR THERAP. GAZ.]

[Written for the Therapeutic Gazette.]

A Valuable Native Mineral Water.

By Martin C. Kelly, M. D., Mount Clemens, Mich.

THE steadily increasing consumption of natural mineral waters of late years, is a gratifying evidence of the growth of a liberal spirit among the profession. We find their use not only sanctioned, but recommended by the ablest teachers in medicine, as witness the writings of Ringer, Wood, Trousseau, Stillé, Bartholow and others.

To no other than the most liberal spirit indeed, can we attribute the admission that nature has surpassed art and has so skilfully blended the ingredients of the healing waters, that it is vain to imitate.

Trousseau says, for example, "Mineral waters

do not operate alone by means of their predominant mineral constituent; it is associated with many others which have been demonstrated, and probably with others still that have escaped research." Stillé states that, "Chemical ingenuity has imitated the solid constituents of the most important springs without however securing the effects produced by the natural combination."

As a considerable portion of the waters consumed is of foreign origin, it cannot be considered unpatriotic to draw attention to the properties of a very important native mineral water, which has, of late years achieved an enviable reputation. The water of this well, which is situated at Mt. Clemens, Macomb Co., Mich., is strongly sulphuretted and exceedingly rich in mineral constituents, containing also appreciable quantities of iodine. The principal solids present are sodium, magnesium and calcium chlorides, sodium sulphate, and traces of ammonium and potassium salts.

Past experience with waters of this class, would indicate quite a range of diseases to which it would be applicable and in fact the results obtained during the last ten years have surpassed whatever expectations were originally indulged. As stated by various authors of eminence, the especial forms of disease to whose treatment such waters are adapted, are chronic rheumatism, neuralgia, gout, syphilitic diseases, chronic forms of skin diseases such as psoriasis, eczema, lichen, prurigo, scabies, and in lepra; boils and carbuncles yield promptly to the combined internal and external application. In the scrofulous and other unhealthy sores so often occurring in children and in scrofulous glandular enlargements they are stated to be an excellent remedy. In poisoning by lead or mercury there could be no better form of treatment devised. In malarial affections of the liver and spleen great benefit can also be derived.

Experience has shown that the usefulness of these waters is not over stated. In paralysis, after the stage of absorption is reached and where the circulation is deficient, the absorption of the clot is very much hastened by treatment with this water and the capillary circulation also very much improved. Paralysis following cerebro-spinal meningitis and scarlet fever, is generally cured. Locomotor ataxia, though never cured here, is sometimes arrested, at least temporarily. In rheumatism, after the fever has been subdued, the baths will prevent the contraction and stiffening of the joints and tendons, reduce the swelling and alleviate the pain better than any other known method of treatment. Neuralgic cases, where the system is in a depressed condition resulting from overwork or undue excitement, are generally relieved. Chronic female weaknesses are, as a rule, benefited by tonic baths of these waters. The internal use of this water is somewhat limited, although many cases of dyspepsia have been relieved here.

That experience has shown the water to be valuable in the treatment of catarrh and hay fever, need not excite surprise when its composition is considered and Trousseau's statement taken into consideration, that "it is an important fact that chronic catarrh may be successfully treated by sulphide of lime;" the water contains both of the elements named while the sulphur present in natural combination certainly exists in more potent form than can be possible in an artificial preparation.

Within the range of diseases where good has resulted, there are, other than already mentioned, piles, habitual constipation, chronic affections of the liver and in protracted convalescence from exhausting diseases or consequent on malignant fevers, and in all forms of blood poisoning, while for syphilitic diseases, and alcoholism it may be considered as without a superior.

It will not be amiss to state, for the benefit of physicians who may wish to use such a water in their practice, for baths or internal administration, that a firm here is now engaged in concentrating the water in a portable and permanent form (in shape of salts) for shipment. A package of salts dissolved in the proper quantity of water will reproduce the original sulphuretted article. Though a novelty, this enterprise has seemingly met the wants of physicians, as baths prepared from these salts are now used by them in various parts of the country and are giving very satisfactory results.

[Written for the Therapeutic Gazette.]

Some Clinical Comments Relative to the Action and Uses of "Sierra Salvia."

By A. Comstock, M. D., Silver Cliff, Colorado.

AS contemplated in an article published in the July number, I take occasion to report from some memoranda I have, as to further action and uses of the "Sierra Salvia."

Case 1st. W. R. W., male, 13 years of age. When I was called at 10 P. M., I found the patient with a pulse of 136, temperature 103°, respiration 20, indicating irritative fever from some source, and of an acute type, since the patient was apparently well 24 hours before. The eyes were congested and sensitive to light, and capillary circulation impeded generally; skin dry, tense and hot; tongue furred; palms of hands and feet scaly, hard and dry; pain along the spine and base of brain, as also in frontal portions; kidneys inactive; patches were observed on right tonsil, and œdema with a scarlet hue characterized pharynx.

In conclusion, after considering all the objective and subjective evidence, I decided that he was suffering from diphtheria, especially since other cases in that vicinity were recognized. I told his family that I was inclined to test the native remedy to stimulate the kidneys and skin, and even to reduce the temperature and relieve the patient from the effects of central accumulation of the poison. With their consent I advised the infusion of sierra salvia freely taken, steaming hot, and repeated each half hour till perspiration ensued.

Whatever may be the ultimate determination of the present divided opinions in regard to the cause of that malady, time will tell. Whether the local or constitutional theory prevails, we may be in doubt, but there is no doubt as to the symptomatic indication in a case such as the above. Hence, from my previous observation as to the nature of the remedy in question, I preferred to begin with

it, and I remained to watch the results, and avoid any ill consequences. In less than 45 minutes the patient was sleeping, and after the second draught of the tea, he showed a liberal array of sweat globules on the forehead, which soon extended throughout his entire surface to the soles of his feet. I called again at 10 A. M. following, and found the temperature 99° Fahr., pulse 102, respiration normal, skin moist, and all the peripheral mechanism of circulation, exertion, etc., in working condition. The kidneys were excreting freely, and urine upon examination indicated no impurity excepting an increased quantity, i. e., chemical tests taught me that there was no deviation from a normal specimen, but I had no microscope. I continued the sierra salvia for 2 or 3 days in tonic doses, and used also tincture of iron. The third day I omitted further professional attention, and he was out on the day following.

I had but little practice, as I went with a view to get away from work, but a few families continued to call upon me, and as I had letters of introduction to them or some of their friends, and was personally under obligation, I always responded. During my limited stay in the summer of 1880, I saw here other cases like the above, which I will not detail, as they were not unlike it in type. In one case I used a garg'e, a strong solution of potassium bichromate applied locally to both tonsils, and an anodyne for the first night. All cases of mountain fever and patients from a malarial district, who showed indication of the presence of their ancient enemy, were treated alike by me, and all yielded to the salvia infusion. Some cases where a high temperature was the chief symptom, due as I think to other causes than diphtheritic poison, I will refer to hereafter. I cannot state to the grain in weight, or drachm of infusion, just what the dose is, but as I have never seen any ill results from taking one pint of the infusion during an evening, I do not think it is material so long as your patient receives enough to get the relief desired, and, in fact, no remedy has an exact limit applicable to everybody, as every practical observer recognizes. My custom has been to give half an ordinary gob'et, of 3 to 5 ounces, at a draught, either of clear infusion, or mixed with a strong lemonade, and I would advise every physician to generalize as to the dose upon that basis, but to particularize in accordance with his own judgment. In case the fluid extract is used, one dose of the same could be used diluted as above with hot water, lemonade, or jelly water, as most convenient. Of the other cases all were adults excepting one, who was a child of less than 3 years old. I will state that the cases of diphtheria reported by other physicians of the place were not of as severe type as is occasionally found, and but one or two deaths occurred therefrom by any course of treatment.

[Written for the Therapeutic Gazette.]

Myopia, its Causes and Prevention.

By E. G. Alcorn, M. D., Gallipolis, Ohio.

MYOPIA is exactly the reverse of hypermetropia,—the eye is too long in its visual axis. Whilst in hypermetropia, parallel rays of light emanating from distant objects fall on the retina before they are united, in myopia parallel rays of light unite in a focus before they reach the retina, they overcross in the vitreous humor and fall on the sensitive nervous layer in circles of diffusion; consequently there is no distinct image formed. As myopia depends on an abnormal increase of the distance of the retina from the optical centre of the eye, it follows, that the greater the elongation of the eye posteriorly the nearer is the far point. In hypermetropia parallel rays from infinitely remote objects form a virtual focus behind the retina, but if the grade be not too high with the assistance of the accommodation, the eye sees at an infinite distance. In myopia the action of the accommodation brings the far point still nearer the eye, and thus increases defect of distant vision.

When the ciliary muscles are completely relaxed the punctum remotum is at its greatest distance; in order to see infinitely remote objects, parallel rays must be made divergent by a concave lens, and enter the eye in the same direction as if they came from punctum remotum.

Myopia then consists in an inability to distinctly see at an infinite distance; but near objects, within the range of accommodation, are recognized perfectly. The existence of myopia, its grade, examination for, and test, I pass by and enter at once upon the cause and prevention. The tendency to myopia is often hereditary, but in most cases it is acquired by the prolonged use of the eyes without proper exercise. The insufficient illumination at many schools and colleges, necessitates the bringing of the eyes very near the book so as to obtain a large visual angle and as the book usually rests on a desk or a table that is entirely too low for the pupil the head has to be bent over. This posture produces an increased flow of blood to the eyes whilst the higher degree of convergence necessary causes an increased pressure of the lateral recti muscles on the equator of the globe thus increasing the intra-ocular pressure. To the congestion of the fundus oculi which naturally follows with predisposing to softening and yielding of tunic to this congestion, the habit of stooping over the book or work also contributes by preventing the return of blood. It has been fully demonstrated that if the disease be once started by such causes they will tend powerfully to increase it. Hence myopia is usually progressive, particularly in its higher grades.

There is a strong tendency to the development of this condition of the eye in the young from the causes above mentioned from the fact that the scleral tissues are softer and consequently more yielding than in later life. With age this coat hardens, becomes firmer and better able to withstand intra-ocular pressure, therefore it is rare that the posterior staphyloma giving rise to myopia commences after the twentieth year of age. Out of three hundred and twenty-five pupils that attended the district school of Gallipolis, examined by me, I found only 1½ per cent of the boys near-sighted and 1¼ per cent. of the girls; this falls far below the per cent. of myopic pupils in Cincinnati, New York and other large cities. The question arises why is this? I answer, the pupils take more exercise than they do in the larger cities, and the farther you go into the country, the smaller the per cent.

of myopic pupils. I have observed that this falling off is not because the pupils of the country schools are not confined to the school room as long as the pupils of the larger city schools, but on the other hand, they are confined longer and with less system for recreation. But I have always observed that when the pupils of the village schools were dismissed for recreation they went at it with more nerve and energy, by jumping, climbing the hills and taking such exercise as some people would term violent. I have also observed that the pupils of the large city schools and colleges who had been allowed to take plenty of exercise from youth up, are very seldom troubled with myopia. Looking at the cause of myopia from this standpoint, let the profession urge that more exercise be introduced into the schools, with higher desks or tables, and good illumination and my word for it, the large per cent. of near-sightedness will come down.

[Written for the Therapeutic Gazette.]

Manaca and Coto Bark.

By J. Carpenter, M. D., Martinsburg, West Va.

AS I see but comparatively little published in the GAZETTE about the use of manacá, I will give what little experience I have had with it. In the month of August, 1880, I was called to visit an elderly lady who had a severe attack of dysentery. I found her confined to her chamber, where she had been for about three months, with inflammatory rheumatism, the disease having passed into the chronic form. Her fingers and some of her joints were considerably swollen and quite stiff and painful, she being unable to dress or undress herself. After recovering from the dysentery she requested me to try and relieve her rheumatism. Here was an opportunity to try the effects of manacá, and some days after I called and left her some of the fluid extract of the drug of P., D. & Co.'s preparation, directing her to take twenty drops every three hours until she felt some effects of the medicine in her head, and then to stop taking. I called the next day inthe evening to see what effect, if any, the medicine had had. Imagine my surprise on being met by the patient at the door down stairs. Her first salute was, "well, doctor, your medicine has done the business." She had taken the medicine as directed until the fourth dose, when she experienced "a strange feeling or tightness about my head." She then stopped taking it, slept quite well all night and had no pain. She awoke complaining of being weak and stiff, and had, as usual to be dressed and helped out of bed. The bowels shortly afterwards moved quite freely, and after the first operation she felt much better. She had had three motions at the time of my visit, after each of which she felt additional improvement. The swelling had subsided, she had no more pain and was, in fact, entirely relieved from all her suffering.

Inasmuch as relief in this case seemed to be so intimately associated with the catharsis the idea occurs to me that it might be advisable to give some purgative medicine along with the manacá or to follow with some purgative.

Knowing the lady to be very careless about her health I advised her to keep the balance of the drops and use if the disease should return. She did so, but fortunately had no occasion to use them afterwards. In this case the medicine certainly "acted like a charm."

A short time after treating the above case I was called upon by a young lady having lumbago. She had had it for some time, and was scarcely able to be about. I gave her some manaca and a few days after had occasion to call at her residence, where I found her quite recovered.

I have also had some experience with fluid extract coto bark. In the latter part of the year 1879 I was called to visit a sick child which had, with its mother, lately arrived from the state of Indiana, on a visit to friends here. While attending the child the mother asked my attention to a daughter several years older who had chronic dysentery. She informed me that in the previous August she had a severe attack of dysentery, and that her life was despaired of; that she finally recovered in a measure, but had chronic dysentery ever since. I prescribed some fluid extract of coto bark (P., D. & Co.). I saw nor heard nothing more from the case until the next spring when her father called to settle the bill. Upon enquiry about the girl with the bowel complaint he replied, "Oh she is well. She is all right. She has completely recovered."

My subsequent experience with coto has led me to believe that it may be advantageously combined with other medicines for its astringent properties.

[Written for the Therapeutic Gazette.]

Irresponsible Pharmacists.

By W. H. Bentley, M. D., LL. D., Valley Oak, Ky.

I HAVE for several years been prescribing many of the "new drugs" so-called, and have learned from experience the necessity of specifying on my prescriptions the name of the manufacturer whose preparation I know to be reliable. It is scarcely necessary to say that I am in the habit, in the case of the newer introductions, of specifying the firm whose name is prominently associated with such drugs. Such firms have, to a degree, staked their reputation on the purity, strength and genuineness of their introductions and this is in itself a sufficient guarantee. And again I prefer to patronize such enterprising houses, to those who, afraid to risk a venture, are content to sail in their wake and thus avail themselves of the fruits after the expense and risk of the introduction have been incurred.

In my employement of the newer drugs I am able to report that my per centage of failures has has not been larger than when relying exclusively an the "old and tried remedies," while in many instances results have been secured which the older drugs would, from former experience, have failed to achieve.

It is, of course, necessary that the preparation, say, for instance a fluid extract, should correctly represent the therapeutic value of the crude drug, and as the physician has no means whereby he can positively know this before subjecting the drug to clinical tests, he should, in all cases, prescribe nothing in the way of prepared medicines,

except they bear the brand of some reliable house. I think that many of the failures reported, and much of the dissatisfaction exhibited with reference to the recently introduced medicines, is ascribable to the fact that preparations are on the market bearing the name of no manufacturer at all, thus having this functionary, often a venal wretch, wholly irresponsible. The following experience is in point:

Last year I requested my druggist to order some fluid extracts of the newer drugs, among which were fluid extract of eucalyptus globulus, grindelia robusta, grindelia squarrosa, erythroxylon coca, piscidia erythrina, ustilago maidis and several others. I prescribed them mostly from the drug store in quantities to suit my views, but soon I found that the effects produced were not perceptible. It then occurred to me to inspect the medicines. I went to town and examined all the bottles in detail. I found every one labeled only with a "strip lable." I took samples and I verily believe that every bottle was filled with the fluid extract of liquorice. I had ordered all of the manufacture of Parke, Davis & Co., and the retail druggist assured me that he had actually so ordered these preparations, but the wholesale druggist in the city substituted the irresponsible drugs already indicated. The remainder of the order on hand was returned and that particular jobber in the city has received no order from me or druggist since.

I call attention to these facts, because I think much depends upon the selection of a reliable article. I think when a man or a firm is ashamed to lable his preparation, it is good evidence that the preparation is not reliable.

[Written for the Therapeutic Gazette.]

Sierra Salvia in a Case of Scarlatina.

By A. Comstock, M. D., Silver Cliff, Col.

THE theoretical indications for the use of the above remedy in scarlatina would appear to be logical for two reasons, namely, owing to the high temperature, and the lesions of the kidney, with which it is associated. The case in question, was an individual one during a brief and limited onset of this malady in a healthy town of Colorado. The records show as follows:

J. H. H., male, æt. 11 years; respiration, 20; pulse, 119; temperature, 102°; urine diminished in normal flow but exact amount for 24 hours not ascertained.

The eruption was prompt in appearing and freely distributed over the surface. The skin was dry and temperature, as observed above, not excessive. There was an irritable cough and great restlessness, with quite a diminished secretion of urine. No bathing nor other external remedies were used to relieve the pressure from defective peripheral circulation, as that was one of the symptoms I wished to observe the effects of the medicine upon. I attributed the cough to the congestion of the blood cells of the lung owing to the repression of a natural circulation. The general restlessness of the patient was attributed to the disturbance of that equilibrium, which is essential to vital organs and which is so characteristic, in cases of this nature during the acute stage. The remedy was used in the afternoon of the first day the patient was observed, together with a mild anodyne. A free perspiration was duly developed, and the lad slept fairly, with less rapid respiration, and pulsation after the morning hour showed, at 10 A. M., about or not far from 30 hours after he was first seen, as follows: Respiration, 18; pulse, 94; temperature, 99°; skin moist, and kidneys active. No other remedy was used internally; externally a bottle of an alkaline mixture applied by a sponge, to allay, and remove natural causes of irritation from disturbed glandular action of the skin. The case ran the usual course, and when any occasion for a tonic treatment arose the sierra was resorted to in smaller doses as required. I know of no artificial stimulant, equal to it for the inactivity of the kidney secretion. Recently after exposure from a long journey at the sea board in a chill wind, I felt almost certain that I had anticipated a threatened attack of pleurisy by freely resorting to the infusion after reaching my hotel. It required a longer time than usual before a satisfactory reaction set in, but relief came before midnight, with a free perspiration and unimpeded respiration, subsidence of temperature, and a fair action of the kidneys. I get better results than with the use of quinine, whenever it is indicated, and find the only objection to be the amount of infusion required to be used, and when some method of concentration is completed, that obstacle will not exist.

Reports on New Remedies.

From Private Practice.

[Written for the Therapeutic Gazette.]

Sarracenia Flava in Sporadic Dysentery.

By J. H. Stites, M. D., Belmont, Nevada.

IN the year of 1879 Miss B., age 40, and born of healthy parents, was taken with vomiting, cramps over the abdominal region, followed by looseness of the bowels, tenesmus, etc., and a sinking feeling. She was given by her mother the domestic remedies, such as paregoric, etc., but all to no purpose. A physician was then sent for. He prescribed, but secured only temporary relief. The following summer (1880)the same symptoms supervened, and continued at intervals until the winter set in, when they left her only to recur again. However, in the following year, when she applied to me for assistance, fearing this time that she might die of the exhaustion produced by the discharge from the bowels, I prescribed:

℞ Ext. sarraceniæ flavæ fluidi (P., D. & Co.), ʒij.

Sig. Ten drops every 4 hours.

As she was completely run down, I prescribed the following tonic mixture:

℞ Ferri et quiniæ sulphatis, ʒiv.
Tr. cardamomi comp., ʒiv.
Syrup simplicis, ʒj.
Aquæ, q. s., ʒiv. mft.

Sig.—A teaspoonful three times a day before meals. I did not see her again until the 30th of

August, when she reported that after the first five days the stools were reduced from ten to two in number each day, and that at the time of her visit they had become natural. (I will here state that during the height of her attack she frequently had as many as 30 evacuations a day). I was both surprised and gratified at the prompt and permanent effect, for it was the first case in which I had given the sarracenia flava. The patient is now happy in the fact that for the first time since the summer of 1878 she had passed a season free from this debilitating ailment.

[Written for the Therapeutic Gazette.]

Berberis Aquifolium Viburnum Prunifolium, Rhus Aromatica.

By D. B. Rees, M. D., Des Moines, Ia.

I have had a very considerable experience in the use of berberis aquifolium in the treatment of the secondary and tertiary manifestations of syphilis, in salt rheum, and in scaly affections of the skin, and as a result am able to report that it is a very valuable drug in these affections. So great has been my success in the treatment of syphilis, that I confidently expect to cure each new case when undertaking its treatment. It, however, requires patience and perseverance in some cases, but by exercising both, success is almost certain. I give from 15 to 20 drops in syrup and water 3 times a day.

As a remedy in threatened abortion, viburnum prunifolium comes well nigh being a specific. It is one of the drugs which the physician cannot afford to do without. In one case in which I employed it, the woman had had 7 miscarriages at the 7th month. She consulted me on her 8th pregnancy, and under the use of viburnum prunifolium she was carried through to full term and delivered of a fine boy.

Rhus aromatica is a reliable remedy, in my experience, in incontinence of urine in children, and in one case of diabetes insipidus, it worked prompt relief.

(Written for the Therapeutic Gazette.)

Sanguis Bovinus Exsiccatus.

By John Knowlson, M. D., Poultney, Vermont.

THE results of the use of sanguis bovinis exsiccatus in my practice have always been satisfactory, and in some instances almost incredible. In the emaciation following the summer diarrhœa of children, it shows extraordinary restorative power. I look upon this remedy as a most valuable aid in all cases where debility, impaired digestion and malnutrition obtain. I have prescribed it freely during the past four months, and I have yet to see a single case in which benefit has not accrued from its use.

Notwithstanding the limited period I have been using it, I should be at a loss to replace it, as it seems adapted to a wide range of cases requiring supplemetary food.

The following case is submitted as an illustration:

Gracie L., aged 7 years. Ascites, induced by subacute peritonitis. The "blood" given in conjunction with diuretics. Weight, 28½ pounds. Abdomen measurement, 24½ inches.

1st week (end of), 30 lbs., gain 1½ lbs.
2d week (end of), 32 lbs., gain 2 lbs.
3d week (end of), 33¾ lbs., gain 1¾ lbs.
4th week (end of), 36¾ lbs., gain 3 lbs.

No record since, by weeks, but 9 weeks from the beginning of use of blood, her weight was 52 lbs.; abdomen size, 18 inches; all treatment discontinued,

[Written for the Therapeutic Gazette.]

Grindelia Squarrosa in Splenic Enlargement.

By A. R. Hicks, M. D., Bath, Mich.

MRS. C., æt. 32, spleen enlarged to an enormous size, for which she had been treated by physicians of the various schools of practice. Having seen a statement to the effect that grindelia squarrosa is indicated under such circumstances, I concluded to give this drug a trial on the patient's consulting me. Ordered 10 drops to be taken 3 times a day. In 2 weeks there was a perceptible diminution in the size of the organ, and the tenderness over its site, which had been so severe as to forbid the contact of her clothes, had disappeared almost entirely. At this writing the patient has been taking the drug for a year, and is now completely relieved. In addition to this reduction in the size of the spleen, a pustular eruption on the face, which had resisted all treatment, had also disappeared. The result of the exhibition of grindelia squarrosa in this case, at least, has been truly remarkable.

Abstracts and Translations.

[All articles marked with the * are translated by C. R. Cullen, Richmond, Va.]

[Translated for the Therapeutic Gazette from Journal d'Hygiène Aug. 11, 1881, No. 255.]

Permanganate of Potassium,—Antidote to the Poison of the Cobra.

Recent Brazilian journals bring us, in tones of the most legitimate patriotic enthusiasm, the news of a very important discovery made in the laboratory of experimental physiology of the Museum of Rio de Janeiro, by Dr. J. B. de Lacerda. It refers to nothing less than to the neutralising of the venemous virus of the cobra serpents by permanganate of potassium, used per hypodermic injections (letter of director-general Ladislao Netto, addressed to his eminence the minister of agriculture and commerce, Manoel Buarque de Macedo.)*

*Dr. de Pietra Santa: "I have the honor to call to your attention two important discoveries made in the laboratory of the Museum by Mr. de Lacerda. The first one relative to the true nature of the poison of the cobra bite, recognized and demonstrated as analogous to the pancreatic juice. The second one refers to the unique and efficacious antidote, found after numerous experiments, in the permanganate of potassium. The action of this agent has been more than manifested during the varied experiments which have been made during these last days."

In calling attention to this scientific fact, the results of which will be considerable in a humanitarian and social view, we ask for an immediate investigation in the physiological laboratories of the French college and the museum of natural history of Paris. Several of the numerous and varied experiments of the Brazilian physiologists have been repeated with invariable success in the presence of his majesty the Emperor don Pedro, who, in his capacity as member of the association of the Academy of Science, will not fail to appropriate the remarkable results.

This discovery is not the result of empiricism or chance; it is the outcome of a series of researches and physiological experiments. Some weeks ago, Mr. de Lacerda, while studying the nature of the poison in bites of serpents, had proven its striking analogy with the nature of the pancreatic juice. To-day he opens a new way to experimental physiology of the organic poisons of the snakes, in showing the neutralising action upon them of the permanganate of potassium.

Among the numerous experiments we will quote the following:

A dog is bitten by a cobra. As the first symptoms of contraction, and dilatation of the pupil, constriction of the pharynx, etc., etc., show themselves, the hypodermic injection of a solution of permanganate of potassium is applied, and at once the cessation of the morbid phenomena ensues. With a second dog, the more marked development of intoxication is allowed to go on; then the hypodermic injection is used, and the animal returns gradually to its former state of health. With a third dog the permanganate of potassium is used at the climax of the phenomena of poisoning, but still the salutary action of the antidote does not fail to assert itself.

It is not necessary to add that dogs bitten by cobra serpents under analogous circumstances, and left to themselves, have succumbed after having presented the ordinary symptoms of this form of poisoning. Further detailed reports soon will follow.

Translated for the Therapeutic Gazette form L'union Médicale du Canada, Aug. 1881, vol. 10, No. 8.]

Tayuya as an Antisyphilitic.

The Tayuya, a plant indigenous to Brazil (dermophilla pendatica) was introduced in Europe by an Italian naturalist, Luigi Ubicini. This savant had stated that the inhabitants of that country used the remedy against syphilis.

The root is the most active part of the plant; it is used in Italy for two tinctures: one strong, called mother tincture, which is used in hypodermic injections in a daily dose of one gramme; the other tincture is weaker, and consists of a dilution of the mother tincture in the proportion of one in three, and is prescribed internally in doses varying from 6 to 60 drops per day, given at intervals.

Analysis has shown the root to contain oxalates of lime and magnesium, iron, a resin and an uncrystallisable substance which is supposed to be an alkaloid.

The physiological effects of tayuya in minimal doses approaches that of aloes; in large doses it produces diarrhœa, diaphoresis and salivation. Clinical experiments have proven this substance to be an antisyphilitic remedy of great value and perfectly innocuous.—(*Gazetta médica de Bahia Revue de Thérapeutique Médico-cirurgicale.*)

[Translated for the Therapeutic Gazette from La France Médicale, No. 35, Sept. 22, 1881, under the head of "Revue de la Presse étrangère."]

Treatment of Syphilis by the Cascara Amarga.

Dr. S. F. Coyner, of Baltimore, publishes in the THERAPEUTIC GAZETTE, of Detroit, three observations on syphilitic patients treated successfully with this new remedy. Cascara amarga is known for 4 years in Baltimore, when Dr. Frœhling, at that time in Mexico, had sent some samples. It is the bark of a tree which approaches the picramniæ, and which the natives describe under the name of cascara amarga or Honduras bark. This remedy has been employed by several physicians of Baltimore, and their success has encouraged Dr. Coyner to experiment in the following three cases:

A patient contracts, in 1868, a hard chancre, which at that time is treated with mercury. The chancre heals, and no symptoms appear until 1869, when the patient thinking himself cured for all time, gets married in 1870. In 1871 his wife gives birth to a healthy child, which lives 2 years, and dies of scarlatina. A short time after that his wife gives birth to twins, a boy and a girl; the boy weak from his birth, dies at the age of 2 months of an intestinal affection. Some time before the birth of these children, the father had secondary symptoms; he had had ulcers in the throat and gums, his hair fell out, and he had eruptions on different parts of the body, etc. He had, in brief, the complete symptoms of secondary syphilis. About 6 weeks after the birth of the twins, the girl had on her body syphilitic eruptions in the form of pustules and ulcers, and soon also the mother began to manifest symptoms of specific infection. The little girl is now 5 years old. Since her birth she has been constantly under treatment, as well as her mother and father, and there was no appreciable improvement until last December. At this time the author began to use the fluid extract cascara amarga. He gave to the father 45 gtts. of the fluid extract 3 times daily; to the mother 35, and to the little girl 15 gtts. At the end of less than 10 days, the tonic effects of the remedy appeared, and the 3 patients declared that they felt

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†It is known that the presidency of Bombay (empire of India) has offered a prize of considerable value to reward the discovery of a sure antidote against the bite of serpents.

‡Mr. de Lacerda, together with Mr. Couty, has lately presented to the Academy of Science through the mediation of Professor Vulpian, two interesting reports under the following title:

(1) On the difficulty of absorption, and on the local effects of the poison of the Bothrops Jararaca.

(2) On the inflammatory nature of lesions produced by the poison of the Bothrops serpent.

§The action of this salt on all fermentative processes and on the ferments, is perfectly known, but to nobody until now has occurred the thought to use it in the treatment of venomous bites.

better. The improvement continued, and actually the mother shows no more trace of syphilitic poisoning. The father, with whom the secondary symptoms had been very intense, shows only a slight eruption at the elbow, and this eruption decreases notably. The child has only a scarcely perceptible ozæna. All three have grown strong, and their general health leaves nothing to wish for. In these 3 cases, since the cascara amarga has been used, no other mode of treatment, neither externally nor internally, has been employed.

The principal action of this remedy seems to be that of a tonic, which increases the appetite and favors the digestion. The effect of cascara amarga thus favors elimination of syphilitic virus, and opposes its reproduction. Making due allowance for American exaggeration, and even regarding with suspicion the highly colored reports which in these days may be covert advertisements, it would be desirable that French physicians were placed in a position where they could find out the value of this new remedy for an affection which so often baffles all the resources of therapy.

[Translated for the Therapeutic Gazette from the Journal d' Hygiene, Aug. 18, 1881, Vol. 6, No. 256.]

Wood Betony (Betoine).

In a late work "La Botanique Guide de la Therapeutique" the Betonica* is indicated as a plant which is extensively used in America, and is highly praised as one of the most active of new remedies. This new remedy seems to be a little exaggerated; it is at most a rejuvenated remedy, for from time immemorial the betonica has been used in medicine.

"Sell your clothes and buy betony," says an old proverb which would seem to prove in what high esteem our ancestors held this plant. Another proverb, original with Spain or Italy, says of an accomplished woman that she has "as many virtues as the betony."

Cockayne, in the "Leechdoms" reports the following passage translated from the Saxon: "This herb, called betony, grows in the prairies and in the middle of shaded clearings; it is as good for the soul of man as for his body; it protects itself against its nightly enemies, and hides itself humbly in the evening. When you have plucked it, crush it in your hand, dry it in a dark place, reduce it then to powder and afterwards make use of it as you please when there is any need for it."

The plant was in great repute with the Saxon philosophers, as it was recommended for about thirty diseases, particularly in cases of headache, eyeache, earache, pustules, nausea, fever, etc., the writings of that time indicating the quantity necessary for the cure of each disease. In Sweden, at Stockholm, it is recommended as an excellent antidote against poisoning and mania a potu.

"If you do not want to succumb to the habit of drinking" (mania a potu?) says a northern proverb, "take betony."

*Betonica, a plant of the family of Libiatæ. Libiatæ are flowers divided in two principal lobes, one placed above the other like two lips. (Dictionnaire Larvusse).

The physicians of Iberia used this plant often in cases of lunacy and even against hydrophobia. Outside of these claims to medical virtue Burton attributes to it "a great power against the invocations of spirits and to chase away the devils and bad ghosts." Erasme had recognized in it the same power. "The plant is carefully planted," he says, "in cemeteries. It is suspended from the neck as an amulet. It sanctifies those who wear it on their body and protects them against danger." Antonius Musa, physician to Cæsar Augustus, declared the betony an excellent preservative against sorcery, but that it only possessed these qualities under certain conditions and at different times.

Plinius in his Natural History, Book XXV, derives its name from "Vettones," a large tribe in Iberia. He calls it "a plant to be esteemed among all plants." According to him its virtues would seem to reside more in its leaves than in its root. It served most varied purposes; it was principally utilized for the manufacture of wine, to make vinegar efficacious in stomach-ache, to clear the eyes, etc. Celsius mentions it in his work, de la Medicine (liber, V): "The herb vetoine, *herba vettonica*, is a sovereign remedy against snakebites." Gerarde, finally in his Herbarium, (1597) gives curious details about this plant which cures all fevers. Now good success to the new remedy which patronizes America.—Joseph de Pietra Santa.

[Translated for the Therapeutic Gazette from the Petit Moniteur de la Medecine.]

Papayn in the Rheims Academy.*

This takes the first rank among the subjects of the day. Dr. Bouchut has made has made experiments with this new remedy with much success—the sugared milk of Papaine. He first used it on tænia, and even in living frogs it has the power to digest. He applied it to parasitic tumors, and by injection into other tumors, and it has the power to dissolve them into a sort of fluid pulp. Dr. Bouchut was asked if the sugar of figs did not possess the same power as the sugar of Papaine. He made experiments, and stated that five grains of sugar of figs mixed with sixty of water, could dissolve five grains of fibrine in six hours. This recalls the experience of Hezekiah 2,000 years ago, as reported in the 10th chapter of Kings, 20th verse: "Hezekiah was sick unto death, and the Prophet Isaiah, son of Amos, said to him, 'take a mass of figs and apply to the ulcer,' and he was healed."

[Translated for the Therapeutic Gazette from the Monde Pharmaceutique]

Papaine—New Contribution to the History of Soluble Ferments—By Dr. Wurtz.*

I have established, by its composition and chemical properties, that papaine, the soluble ferment of the carica papaya, approaches the albumenoids. Having continued my researches upon this substance, I am able in a measure to give some details on its digestive powers, and to furnish an idea as to its mode of action. To appreciate the energy of its digestive power, experiments have been made on a product which had been purified

by the subacetate of lead, and the analysis of which has been furnished before. In an experiment with 6 grs., 3 of papaine having been dissolved in 50 of water, 10 grs. of fibrine has been digested. At the end of 20 minutes the liquor had been expressed, and the fibrine submitted to long washings of cold water. In the liquor expressed from the fibrine, a new portion of fibrine, 15 grs., has been digested, and at the end of half an hour the received portion, which had been washed before, was pressed out. Both portions (the first reduced to 7 grs., and the second portion to 14 grs.), have been digested at 40° with pure water. Both are dissolved, the second leaving a residue of 4 grs. of peptone.

[Translated for the Therapeutic Gazette f.om the Journal de Therapeutique.]

Diphtheria by Tannin.*

Before the Belgian Academy of Medicine Dr. Consot expressed his views of the treatment ot diphtheria. Diphtheria is certainly a parasitic disease, treated by antiseptics. As tannin is astringent, antiphlogistic, antiseptic, and a precipitator of albumen, it renders all organic matter inputrescible. It seems to act on the development and propagation of parasitic proto-organisms, and to remove the injury of false membranes. The form of mucilage recommended by M. Hairion, renders the effects of tannin more sure aud permanent, and tannin in powder does not act equally on all places, and is very disagreeable. The mucilage is injected by means of a glass syringe, as long as parasitic deposits appear in the mouth and on the tonsils, and when the nasal fossæ are involved by the nostrils. The formula employed is as follows:

℞ Tannin, 10 parts.
Gum mucilage, 10 parts.

And Dr. Consot has added 2 to 10 grammes of alcohol of mentha to mask lhe taste and astringency of the tannin. It is necessary, first, that no trace of the false membrane should escape the action of the remedy. Second, that the injections be made sufficiently often to prevent the formation of parasitic deposits or putrefaction.

Before 1879 Dr. Consot had 59 cases of serious diphtheria, 57 being cured, and since then 37 cases, and 1 unsuccessful case. Dr. Bertrand had 24 cases, 2 unsuccessful. Dr. Hubert had 23 cases, all successful. Dr. Cassart had 22 cases, 2 unsuccessful, both from capillary bronchitis. Other physicians had several cases, in all 169 grave cases of diphtheria, with 7 fatal cases. Tannin in other forms has never given the same results.

[Translated for the Therapeutic Gazette from the Journal D'Hygiene.]

Pepsine and Peptone.*

We know into what discredit pepsine has fallen, so much so that many physicians have no faith in it at all. The value of pepsine is estimated by the quantity of fibrine it can dissolve. This method ought to be rejected, because fibrine is not a usual aliment, and ought not to be used to experiment with. Second, because simple dissolution is not digestion, which in this particular case is called peptonization.

It is known that fibrine or any other albumenoid substance is converted into peptone by nitric acid, which leaves no precipitate. A good pepsine will peptonize a thousand times its own weight of fibrine, and can almost dissolve any quantity of fibrine.

M. Petit has also established the fact that hydrochloric acid is the best solvent in the proportion of 1½ to 3 in 1,000 of real acid, i. e., 4 to 9 in the ordinary hydrochloric acid.

Our colleague has made many experiments to know if sugar alcohol and the principal salts paralyze or destroy pepsine. He has found out that the ordinary doses of these things are generally wrong. Pepsine is not altered in an elixir containing 20 in every 100 of alcohol, in volume, but it does not answer when it is much diluted. Elixirs prepared four years ago are as efficacious as those prepared this year.

[Translated for the Therapeutic Gazette from the Journal de Therapeutique.]

Mate.*

Everybody knows of maté as the Paraguay tea, so much used in South America. MM. D'Arsonval and Couty have made experiments in diminishing the gases of the blood in the following manner: These experiments seem to prove that maté in large doses, or repeated often, has considerable action on the gaseous elements of the blood. It acts alike on arterial and venous blood. It lessens the carbonic acid, and the oxygen in enormous proportions, corresponding to ⅓ or ½ their normal quantities.

[Note by Translator.—Little is known of maté, but what is known can be obtained in the cyclopedias, particularly in the Library of Universal Knowledge, just published in 19 volumes for $12.66, by the American Book Exchange, N. Y.]

[Translated for the Therapeutic Gazette from the Journal de Therapeutique.]

Action of the Ficus Doliaria.*

Dr. Moncorvi, member of the Faculty of Rio de Janeiro, presented a pamphlet on this subject and its digestive properties. It is found in a vegetable of the family of Urticariæ, which grows all over Brazil, attaining a height of 12 metres. Dr. Moncorvi reports that the gamellar contains drastic purgative properties, and that its milky juice has long been used in Brazil as an anthelmintic, very powerful and used with great advantage. Besides these properties it has digestive, due to a vegetable ferment—la doliarine—something similar to the juice of the carica papaya. It has also this advantage of keeping without alteration a long time. Dr. M. has also made an extract from the trunk of the tree.

[Translated for the Therapeutic Gazette from the Siecle Medicale.]

The Poison of Touareg.*

In the voyage among the Touareg, Adjutant L. P. Richard has related a case of poisoning similar to that of Lieutenant Dianoris, of the Flat-

teres Mission. Mr. Richard found numerous tombstones. A native reported that in gathering the grain of durin, the grain of palerler was also gathered, from which a soup was made. Suddenly in the night everybody was aroused, and seizing sabres, lances, daggers, guns, commenced a horrible butchery. In the morning 20 bodies, horribly lacerated, were stretched out in the tents. The grain of palerler had produced this furious insanity. This is not the only accident of this kind. It is deadly to the horse, the chamois, the ass and the beef, while innocuous to the gazelle and sheep.

[Translated for the Therapeutic Gazette from the Journal de Therapeutique.]

Jaborandi and Pilocarpine.*

Dr. Dupret arrives at the following conclusions:

1. That jaborandi and its active principle, pilocarpine, equally possess a powerful hypercrinical action. They exercise a direct action on the salivary sudorific and mucous glands. As a sialogogue they equal the action of mercury, and they possess, moreover, the great advantage of being transitory in the action, and inoffensive in their results.

2. The secretory action is shown at the same time; the saliva, urine and sweat flow in abundance; no remedies can compare with them.

3. They are useful in all maladies in which functional disturbances of the skin, mucous and serous membranes and glands are involved.

4. These means which I call heroic can favor the course of certain slow eruptions as small-pox.

5. At best they are powerless or dangerous in the commencement of aguish maladies, but are curable remedies in the decline of these diseases.

[Translated for the Therapeutic Gazette from the Journal de Medicine Brussels.]

Idiopathic Alopecia Cured by Injections of Pilocarpine—By D'Andre de Fleurus.*

It has been published in Germany, Italy and Belgium, that in a certain number of cases alopecia that the hair has been made to grow by pilocarpine. A case has occurred under my observation, in which the hair and eye-lashes had disappeared, and also the hair on the pubis and in the armpits had also fallen off. After vainly trying many drugs, I used injections of pilocarpine—1 centigramme of the chlorohydrate, in a syringeful of a solution, 20 centigrammes of pilocarpine, in 20 grams of distilled water. At the end of several days the dose was doubled. The secretion of sweat was so abundant that her shoes were inundated even in going to the garden. The injections commenced the end of March. The 18th of April the hair had come out in profusion. After 10 injections the head was covered with hair $\frac{2}{3}$ of an inch long, blonde and soft; the eye-lashes had commenced, but the eye-brows had not.

[Translated for the Therapeutic Gazette from the Lyon Medicale.]

Phenic Acid and Cold Baths in Typhoid Fever—By Dr. Glenard.*

The phenic acid treatment has been freely discussed by different authors. Dr. G. reports the treatment of 79 cases of typhoid fever. The therapeutic method consists of phenic acid washings alone (claudot), or in taking phenic acid internally; or by subcutaneous injections. The quantity of the medicine varies from 35 to 120 grammes, according to the duration of the fever, 18 to 21 days. The physiological effect has been the abatement of the temperature. The fall in temperature has been from 1 to 2 degrees, and is apparent an hour or two after the administration of the phenic acid. Shivering fits and intense sweating accompany the fall in temperature.

The success of Brandt's treatment by cold baths is much greater than with phenic acid. The mortality fell off to 3 per cent., as observed in the Military Hospital at Stettin with the second corps of the German army.

In the Military Hospital of Sibi-bel-at-bes, Dr. Tonguet treated 52 cases, and not a single death, while in the same establishment 10 cases out of 37 died under the ordinary treatment.

In conclusion, the phenic acid treatment is designed without cold baths, to obtain the effects of cold baths. To accomplish the object, Wunderlich uses digitalis, Liebermeister sulphate of quinia, and Hallopeau, Schering and Riess, salicylic acid. Phenic acid is anticaloric, but not antipyretic in typhoid fever, because it does not diminish the temperature in all cases in a continuous manner. More than this, it does not modify the cerebral symptoms, or cardiac, or abdominal, and may produce intoxication.

[Translated for the Therapeutic Gazette from the Union Medicale.]

Delirium Tremens—By Dr. Terton*.

The remedy selected by Dr. Terton is the walnut vornique or its preparations, or the sulphate of strychnine. He insists on giving large doses. He prescribes the sulphate of strychnine under the form of hypodermic injections, injects half a centigramme each time, and repeats the dose several times during the day. If he gives the salts of strychnine internally, he gives three centigrammes during the day, or 15 or 20 centigrammes of the walnut vornique, or 4 to 8 grammes of the tincture of that substance. Dr. Terton insists that small doses produce no good effects.

[NOTE BY TRANSLATOR.—About 40 years ago Dr. Gerhard published his Treatment of Delirium Tremens. As one of the medical practitioners in the Pennsylvania Hospital (Blockley), he attended thousands of cases, and preferred the whisky treatment to every other. He gave from half an ounce to one ounce of whisky every hour or two, according to circumstances, and kept the patients at work pumping water, or some active employment. Under this treatment he reported only 1 or 2 per cent. of deaths, while under the opium treatment the mortality exceeded 16, and often 20 per cent. Many of the deaths in this disease are directly from mistaking it for phrenitis and depleting the patients, which kills them.]

[Translated for the Therapeutic Gazette from the La Reforma Medica.]

Homœopathy in Mexico.*

We have just received a pamphlet containing the formation of the Homœopathic Aid Association of the United States. From it we obtain the infor-

mation of the great success of homœopathy in yellow fever over allopathic treatment. The same success attended the homœopathic treatment in Europe of cholera morbus, and in other diseases in different countries, etc., etc., by the secretary of the Mexican Homœopathic Institute, Dr. C. Colin.

[NOTE BY TRANSLATOR.—It is very well that some people rejoice in their own ideas, be it of medicine or religion. My doxy is orthodoxy, your doxy is heterodoxy. Is it a fact that homœopathy was more successful in yellow fever in the United States than "allopathy?" Were the other statements also facts, or mere fictions of the homœopathic enthusiasts? It is recorded as a fact that during the Crimean war the Czar Nicholas gave hospitals to the allopaths and homœopaths, and that the mortality among the homœopathic hospitals was so great as to require the surgeons to be succeeded by allopaths. If there is any virtue in a grain of quinine carried through 30 dilutions, i. e., 1 grain in 100 drops of water for the first dilution, then 1 drop of this solution in another 100 drops of water, and so on through 30 dilutions—the faith is sublime, but the person can believe anything. A writer in Maine illustrated it many years ago, thus: "Take a little rum—the less you take the better. Pour it in the lake of Winner and of Wetter. Dip a spoonful out; mind you don't get groggy. Pour it in the lake of Winnespecioggie; shake the mixture well, lest it prove inferior. Then put half a drop into Lake Superior. Every now and then take a drop in water. If not better soon, at least you ought to."

[Translated for the Therapeutic Gazette from the Union Medicale.]

Dr. Bouyer on Varioloid.*

My formula for this disease is as follows:

℞ Acid salicylic, 15 grammes.
Alcohol, 135 grammes.
Syrup simple, 370 grammes.
Aquæ dist., 900 grammes.

Mix. Give a dessert spoonful from the first day of the eruption, every four hours until the eruption disappears. Salicylic acid will moderate the action of the fever, and calm the nervous system. The success I attribute to this remedy is in the power to stop fermentation in the blood as it does in wine, milk, beer, food, etc. and having tried in this disease, I believe I have obtained marked results. To attain my end, I put my patients on the remedy every 4 hours in grave cases, but generally every 6 hours.

[Translated for the Therapeutic Gazette from the Union Medicale.]

Pomade of Camphor and Salicylic Acid—By Dr. Henrot.*

℞ Salicylic acid, 150 grammes.
Pomade of camphor, 150 grammes.

Mix, and add alcohol 10 gtts. Triturate with 150 to 300 grammes vaseline and a sufficient quantity of paraffine, to give to the pomade sufficient consistency to use as suppositories. This pomade has cured promptly a phagadenic and a syphilitic ulcer. It has also been used successfully in an atonic ulcer of the leg, and happily modified an indurated chancre of the scrotum.

Dr. Michel, of Cavaillre, calls attention to cannabis indica in uterine affections. In metrorrhagia he prescribes:

℞ Tincture of haschisch, 30 grammes.
Simple syrup, 450 grammes.
Aquæ, 1,000, grammes.

Mix. Dose, one tablespoonful every 3 or 4 hours.

[Anecdote translated for the Therapeutic Gazette from the Union Medicale.]

Herrings, Beans and Oil in Typhoid Fever.*

The little village of Mide was visited by typhoid fever. A locksmith fell sick, and the doctor prescribed his medicines and left. The next day on his visit to the house of the locksmith, he enquired of his wife how her husband was getting along, "Oh, very well, he has gone to his work. Yesterday while I was gone to the druggists after the medicines you prescribed, my husband ate a couple of salt herrings and a plate of beans in sweet oil. What a marvelous remedy for typhoid fever." The next typhoid fever patient, a mason; he prescribed the fish, beans and oil, and on visiting the house the next day he was told the mason was dead. He sits down and writes in his memorandum book "herrings, beans and oil, good for locksmiths, but bad for masons."

Correspondence.

Extemporaneous Citrate of Magnesia.

In the August number of THE THERAPEUTIC GAZETTE, Dr. Thackeray says on page 287, that he uses in erysipelas, citrate of magnesia prepared extemporaneously from the sulphate and lemon juice. Please state through the columns of your journal the proportions of each to use.

Yours, etc.,
J. AVERY, M. D.

WALLINGFORD, VT.

In reply to this Dr. Thackeray furnishes us with the following:

Although no chemical change takes place, I have designated the mixture "extemporaneous citrate of magnesia" for convenience:

℞. Magnes. sulph., ℥ j.
Succus limonis, ℥ i j.
Sacch. alb., ℥ j.
Aquæ font., q. s. ft., ℥ viij.

Sig.—A tablespoonful every two hours. If there is or should be any tendency to looseness of the bowels, the intervals should be increased.

Spiritualism.

The following resumé of my note on "The Telephone of Spiritualism," in the August number of the GAZETTE, may aid in making the article more intelligible:

The first lecturer, on phrenology and mesmerism, made certain exhibitions on the subject; the second lecture, made similar exhibitions, but disbelieved in both phrenology and mesmerism, and attributed the whole cause to spiritualism. The latter lecturer afterwards became convinced that spiritualism was diabolism, and that it produced insanity in a large number of its adherents, and was of no moral benefit to those retaining their sanity, and abandoned his belief in it. He continued his exhibitions as before, and attributed his success to the development of electricity in himself and his influence over other people. He admitted also that he had no control whatever over some persons, especially those having great will power. The truth in these matters it will devolve on another age than the present to discover. There may be part of Divine truth withheld thus far from the human race.

J. R. CULLEN, M. D.

RICHMOND, Va.

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The Self-Limitation of Disease—An Old Doctrine.

WHILE it is true that disease is not an entity but is rather a disturbance of the normal forces which conserve health, and as such is, in most instances, under the dominion of laws which more or less definitely determine its violence and duration, it is none the less true that nature has in her laboratory prepared agents which are capable of controlling this disturbance and even suddenly checking it. The doctrine that the course of this disturbance is inevitable, in other words that disease is a time-piece set by nature to run a definite time, and not to be stopped until it has run down, has certain apostles to-day who claim to have derived their inspiration from a study of nature's inflexible laws. Holding these views they regard all efforts to check or control disease not only as useless but positively harmful, disturbing as they must the beautiful economy of nature. The advocates of these views are for the most part prominent because of their attainments in certain essentials to a proper medical education and their followers, and indeed they do themselves proclaim them to be the fore-runners of a new medical dispensation,—voices crying in the wilderness. The medical mind is largely dominated by authority, and it is not strange that these teachers have a considerable following; it is, indeed, strange that that the following is not larger.

Without attempting at this time to expose the fallacy of the above views, based as they are on a one-sided education, we shall merely inquire whether their modern advocates are really harbingers of the dawn of a more advanced method in caring for the sick than that which so largely conditions recovery on the adaptation of means derived from one field of nature to disturbances in another. It has been said that these advocates are such because of the fact that they are profounder students of nature than the masses, that they look with keener eye into the hidden recesses and detecting beauties veiled from less penetrating vision, are not only inspired with a profounder regard for her workings, but understanding these workings better have greater faith in their possibilities. We are free to admit that these modern apostles are students who have delved deep and have unearthed some rare gems, but that they entertain the views which they do because of their having so done is not so clear. These views, however, are not original with them, but on the contrary had their origin in days when comparatively crude notions of anatomy, physiology and pathology obtained, a fact which argues that they are not necessarily the children or a superior developement, products of a higher evolution. Many years ago, before, indeed, the eldest of the modern apostles commenced the study of medicine, Forbes, of England, who was by no means noted for his erudition or the profundity of his knowledge of physiology or pathology, wrote a treatise embodying precisely these views and denouncing medication as an evil. But before his time Hahnemann practically taught the same thing, and his honest followers to-day, whether they acknowledge the fact or not, withhold medication and allow the patient to fight it out, they themselves looking on and not interfering. But both Forbes and Hahnemann had their predecessor whom they copied after: Schönlein, professor in the Universities of Zwrich and Berlin, the founder of Die Naturhistorische Schule. Although Schönlein was a profound scholar in his day, he was ignorant of the advances which have since been made in physiology and pathology, branches of medicine on which, it is claimed, the so-called advanced views referred to are founded. It thus appears that the therapeutical views on which some of the advanced physiologists and pathologists to-day pride themselves had their origin in comparative ignorance.

Schönlein had a very considerable following in his day, but it was cemented by the personal influence of the man, and when he died it fell rapidly off, and those holding his views to-day, are more properly to be regarded as the remnants of an exploded school than as the fore-runners of a new dispensation. Schönlein did a great work. His inculcation of a reverence for nature resulted in the abolition of the heroic medication of even half a century ago, an abolition the credit of which is unjustly accredited to Hahnemann, who was but a feeble imitator of Schönlein, and not possessed of the foundation on which the latter built. The study of the the natural history of disease is to be commended and encouraged as the true basis of therapeutics, but it must not be forgotten that nature is not a monster of unshapely growth, but properly proportioned and well rounded in all her outlines. She works in other fields, and in a manner which quite as effectually challenges our admiration as her method in the animal body. Her storehouses are rich in medicinal wealth and the true student whose vision is not restricted to a limited radius, but takes in the whole field, cannot but be struck with the beautiful adaptation of means to ends throughout. What was once a dream is gradually growing into a reality, and it is not a wild hope that the day will come when each disturbed condition in the animal body will be found to have in the vegetable or mineral kingdom an agent for its relief. That this day is far

distant is perhaps true, but that we are gradually approaching it may be demonstrated by a comparison of the mortality reports of such hospitals as place faith in medication and those of the German hospitals, for instance, in which the patient is unassisted in his struggle for life. Figures are stubborn facts.

Illustrations of the power of medication unto the healing of the sick are abundant, but the following from a paper by Dr. L. F. Warner, read before a recent meeting of the American Medical Association, is so apt that we are constrained to reproduce it:

"I believe that much harm has been done by doctrines widely taught in some parts of the country, one of which is the self-limitation of disease, which, when fully accepted, leads the physician to feel that he has no power to cut short or limit disease. By way of illustration: When disease commences in a case of ovaritis, and extends to the peritoneum, and is limited only when it has no more peritoneum to effect, and the death of the patient ensues. It is a fact well known to every physician of experience, that disease, instead of being self-limited, may by a judicious course of treatment be itself limited as in the above case, to the ovary or a small part of the peritoneum, a quarter, a half, or two-thirds, and the patient's life be saved, instead of letting the inflammation go on uncontrolled and result fatally."

Tonga.

INCIDENTAL to the crusade against patented, trade-marked, copyrighted, or secret pharmaceutical nostrums, which is now being waged by those interested in the reform of pharmacy as a corelative of medicine, we call attention to an action at law now attracting great attention among lawyers, business and professional men, with relation to the alleged trade-mark "Tonga." It appears that tonga was first brought to the attention of the medical profession in America by an article which appeared originally in the London Lancet, March 6th, 1880, pp. 360, 461, and March 20, 1880, page 445, and under the authorship of Drs. Ringer and Murrell, in which it was stated that this drug was a compound of various barks known to the natives of the Fiji Islands, by whom it had been used for many years as a remedy for neuralgia; that it had been brought to England by a gentleman named Ryder, by him submitted to Allen & Hanbury, retail pharmacists of London, and by them manufactured into a liquid preparation, as alleged, for the uses of the medical profession. Samples of this preparation were submitted to Professors Ringer and Murrell for clinical and physiological tests. As a result of their experience, the article above referred to was published.

The article having been copied extensively into the medical press of America, Messrs. Parke, Davis & Co., in pursuit of their usual policy with regard to the introduction of new remedies, dispatched a personal representative, well fitted for the mission, to the Fiji Islands, 7,000 miles southwest from San Francisco, with instructions to obtain, if within the bounds of possibility, a sufficient quantity of this drug to warrant its introduction to the medical profession of America. Although experiencing great difficulties in view of the secrecy maintained by the natives with regard to the mixture of the bark, this representative was finally successful, and a consignment of the bark was received at Detroit late last fall. As soon as the fluid extract of the drug was prepared, it was advertised to the medical profession, and samples distributed gratuitously for clinical testing to various individual applicants, and the public hospitals of the east. After a demand has been created, Allen & Hanbury, of London, whose agents in America are Wm. H. Schieffelin & Co., of New York, now bring action against Messrs. Parke, Davis & Co., in the Circuit Court of the United States for the eastern district of Michigan, at Detroit, for an alleged infringement of trade mark. They claim, first, that the word tonga was coined by them, and in consequence is their property; second, that the name was first applied by them to medicinal substances in 1879; and third, that the demand now existing in America for tonga is due to their advertising, and that the American medical profession are liable to be deceived when ordering tonga, by obtaining the preparation of the American firm, instead of that bearing their own brand, as was desired.

To these allegations reply is made:

First, that the defendants had no knowledge whatever of the proprietorship of Allen & Hanbury in this remedy, or the name of this remedy, tonga.

Second, that believing that such distinguished professional men as Drs. Murrell and Ringer would not willingly have experimented with, or written up an article protected by patent or secret formula, they felt justified in the assumption that the article was common property, and on the strength of this opinion dispatched their own agent to the Fiji Islands at considerable financial risk.

Third, that the word "tonga" has been known for centuries as the name of an island, and of a group of islands in the Pacific ocean; and further, that it has long been known previous to the action of Allen & Hanbury, as the name of a medicinal drink used by the Indians of South America, and as that of a lizard which exists upon the coast of Madagascar. It is, therefore, assumed that Allen & Hanbury could not have coined the name as they claim.

Fourth, according to the common law regulating the use of trade marks, it has been ruled by the Supreme Court that no one has a right to assume control of the only name by which an article is known. If then the peculiar composition of barks referred to is only known by the nama tonga, the English firm have no right whatever to assume control thereof to the detriment of science and humanity at large.

It is to be regretted that there can be found any American pharmaceutical house to sustain the English firm in assuming the control of what should be a preparation issued to the medical profession upon a scientific basis, and open to investigation and competition of all. Such evidently, however, is the case, and we find that Wm. H. Schieffelin & Co., of New York, are making capital out of the case by advertising, as the agents of Allen & Hanbury, to all purchasers of fluid extract tonga, that they (the purchasers) buy and sell any preparation other than that of Allen & Han-

burys at their own risk. It is to be hoped that the medical profession who are familiar with the strong efforts which Messrs. Parke, Davis & Co. have put forth to elevate pharmacy to a scientific position in America, by eliminating from it the blots which have existed upon it in the past, in the way of the manufacture and sale of patented nostrums, will extend to this house their hearty coöperation and sympathy in their effort to obtain a victory of science over quackery in this instance.

The points of interest involved in this case are considerably beyond those of the individuals concerned therein, and are as follows:

First, the right of any one firm to control a name which is known to science as the only designation of a particular article.

Second, the right of professional men like Drs. Murrell and Ringer to experiment with, and write up articles protected by copyright, patent, or trademark, thereby deceiving others who are led to accept the articles open to scientific competition when receiving the direct commendation from such scientific source.

Third, inasmuch as the preparation of tonga put up by Allen & Hanbury is evidently issued for sale to the public in England in form for retailing, 1 oz. bottles, at the extraordinary price of four shillings and sixpence ($1.13) per oz., the tendency of this governmental protection will be readily seen.

Fluid Extract Grindelia Robusta.

A CORRESPONDENT referring to the editorial on the subject of fluid extract grindelia robusta, page 383 of the September number of this journal, communicates the following:

"I have read with interest your editorial with reference to the blunders which pharmacists are making both with regard to their want of care in properly identifying the various species of indigenous plants and also with regard to the selection of proper menstrua for the extraction of their virtues. There is no doubt that pharmacists, as a rule, manufacture their various preparations to please the eye and taste rather than to answer the purposes of physicians in practical use; in other words, they are very prone to sacrifice therapeutical efficacy to pharmaceutical elegance. In the case in point, I can say that my experience has been that fluid extract grindelia robusta, bearing the brand of a certain house, has in certain cases answered my purposes very satisfactorily. I have of late, however, seen an article by the writer to whom you refer, a Mr. Lloyd, giving information to the effect, first, that the properties of grindelia robusta reside in its resin, and second, that the resin is wholly soluble in alcohol and not at all in water,—ergo, that any fluid extract of grindelia robusta which would precipitate a resin in water, showed evidence of its careful and scientific preparation, while a like preparation which was miscible under any circumstances with water showed evidence of improper manufacture or offered a base for the supposition that the species was not properly identified.

"Now in this connection I read your remarks towards the close of page 383 of the September number, that Dr. Gibbons draws the deduction from his certain experiences, first, that the properties of this plant were not represented in the immature species, and second, that an alcoholic preparation would be incompatible. From the matter which you quote I do not see the force of these deductions and as your readers will no doubt be interested in the subject, I would request that you afford further information with regard to Dr. Gibbons' experiences and expose the fallacy of the arguments of Lloyd (who I understand is interested in marketing his own products) which are calculated to mislead the profession."

In response to our correspondent's suggestion we reprint on pages 431–433 of our present number, the original papers by Dr. W. P. Gibbons on the subject of grindelia robusta and preparation of its fluid extract, as we find them in the Transactions of the Medical Society of the State of California, for the years 1872 and 1874. We are the more ready to assist the profession to a correct appreciation of the pharmaceutical peculiarities of grindelia robusta from the fact that the drug, prepared after the manner suggested by Dr. Gibbons, has recently been employed by prominent eastern physicians, who have thoroughly tested it in their practice in certain of the New York Hospitals, and have reported the results as highly satisfactory. The results of the use of the drug in the hands of such men contrasted with the reports of failures which have come from other sources, probably not less reliable, create a suspicion that fluid extracts prepared after the manner suggested by Mr. J. U. Lloyd have been somewhat extensively placed in the market, the difference in their favor as compared, with the reliable fluid extract, in the matter of price doubtless contributing largely to a preference for them by dealers.

Experiments conducted with grindelia robusta and the various menstrua have fully corroborated Dr. Gibbon's assertion regarding the inertness as a remedy for asthma, of a so-called fluid extract in which alcohol alone is employed as the solvent. For a further reference to this pharmaceutical peculiarity of the drug we ask the attention of our readers to the italicized portions of the reprint of Dr. Gibbon's articles, already refered to. It will be noted also that in the case of the patient treated by Dr. Ayres the results which led that gentleman to proclaim the merits of the drug were secured from the use of the *syrup made from the infusion* which, from the very nature of the case, contains no alcohol.

The evidence is conclusive that the routine method of preparing the fluid extract of grindelia robusta, while it may give a preparation very agreeable to the eye is practically inert as a therapeutical agent in asthma. The direct reports, moreover, of results following the employment of a fluid extract in which the drug is treated with the biborate of soda, as a step in its preparation and the failures of such fluid extracts, so-called, as are prepared exclusively with alcohol, prove conclusively that the active principle of the drug is not soluble in the latter menstruum. A fluid extract of grindelia robusta which throws down a precipitate on the addition of water shows merely that the menstruum (alcohol) holds in solution merely the gummy and resinous constituents of the drug, constituents

which are totally inert as far as any therapeutic effect which they exert in asthma is concerned. In the true fluid extract these constituents are eliminated as inert matter, the active principle being alone retained, and as this is soluble in water the preparation does not throw down a precipitate on the addition of water. It will be seen that in cases three and four in Dr. Gibbon's paper of 1872 the fact that an infusion was employed, is emphasized.

We would remark here, *en passant*, on the mischief which is apt to follow the teachings of men who make use of scientific bodies, through their membership in which they seek to further their own individual pecuniary interests. The case of Mr. J. U. Lloyd is one in point. This gentleman is a member of a firm of manufacturing pharmacists in Cincinnati, and as such is directly interested in the sale of the products of his house. The fact having been detected that the fluid extract of grindelia robusta, prepared after the routine method by his firm throws down a precipitate in the addition of water, he, being a member of a learned society (American Pharmaceutical Association), takes the opportunity of reading a paper on the subject before that society, in which he declares that this precipitate is a criterion of the worth of all fluid extracts, that of grindelia included. The simple fact that such a paper is read before a scientific body gives it a certain amount of weight with those who not having the opportunity or qualifications to test assertions thus made, are wont to receive them as demonstrated facts.

As a general rule the medicinal properties of drugs reside in their gums or resins and inasmuch as alcohol dissolves these it is the proper menstruum in such cases, but there are well established exceptions to this rule and among these is grindelia robusta.

Patent and Copyrighted Medicines and the Medical Press.

THE Chicago Tribune, of the 27th ult., contains a very interesting resumé of the proceedings thus far in the case at law in this city, referred to under another head in our present number, involving questions which reach far beyond that immediately at issue. In the course of its comments on the case, it gives the following concise statement of the difference which exists between a patent and a copyright:

"And now comes the point of the story. This compound turns out to be a so-called 'patent' or 'proprietary' medicine. Not that it is patented, for that is not the case; but that the name of the compound is claimed as a trade mark, and the formula kept secret, thus monopolizing its manufacture and sale. A trade mark is a thing of common law, unlimited in its use by time, and not of the nature of a patent, which is a thing of statute and of grant. By the patent law an inventor is protected in the exclusive use of an invention for a limited time, in exchange for the publication thereof, whereby the invention can be manufactured by the public when the patent expires. By registering the name of a thing as a trade mark, an exclusive monopoly can be gained, unlimited in time, and without the publication of the knowledge thereof, as demanded by the patent law. In the case of a patent, full information of the thing patented becomes at once public property, and the thing itself also when the patent expires. By means of a patent, inventors are stimulated to invent, competition to improvement is engendered, and progress promoted in science and the useful arts. By means of registering the name of a thing as a trade mark, and keeping the formula secret, competition is prevented, the knowledge of the thing never becomes public property, and progress is hindered in science and the useful arts. The two systems are, therefore, diametrically opposed to one another, and have nothing in common."

Continuing its comments, our secular contemporary takes occasion to refer to the anomalous position which the medical journals of this country, as a rule, maintain of the question of copyrighted trade mark compounds. With the native clearness of insight of the man of the world, the writer detects the inconsistency (which is the mildest term we can employ), of the medical press in this regard:

"But this system is almost universally adopted by the 'proprietary' medicine business, for the only patent usually possessed is that obtained by registering the name of the thing as a trade mark upon itself, and keeping the formula secret. This system is also adopted to a large extent, by the manufacturers of the horde of remedies advertised by the medical press. In this case, too, the names of the things themselves are registered as trade marks, and the remedies, therefore, are 'proprietary' or 'patent' medicines; and, alto ugh the medicinal ingredients purport to be given, this is but a ruse, for full knowledge thereof, whereby the public may manufacture the article, is not published, and neither the information nor the article itself ever becomes public property.

The fact that the medical press of this country and Europe are advertising 'patent medicines' is not a little amusing under the circumstances. Not long since the medical journals were abusing the religious and secular press most roundly for the same thing, und now the tables are nicely turned, for, though the compound referred to as handled by the American house, is free from such objection, investigation at the patent office, in connection with the case, opens up the fact that a large number of remedies advertised in the medical journals are 'patented' in the same manner adopted in case of the so-called 'proprietary' medicines."

It is not strange that the glaring inconsistency of the position taken by the medical press on this question should arrest the attention of the lay writer; it has not escaped the attention of the medical press itself. The fact that it is stultifying itself in this regard will scarcely be denied by any medical editor, the advertising department of whose journal is given to advertising this class of goods. The refuge which the journals have created for themselves is the claim that their editorial and the advertisement departments are separate and distinct. This claim is, however, but a subterfuge and their refuge is verily "a refuge of lies." The very journals who lay the flattering unction most nearly to their souls, that they are safe behind such a refuge, are the very ones who but a short time ago most roundly condemned certain religious papers for admitting

quack advertisements to their advertising department. In vain did the religious journals set up the same plea of the non-connection betwen the two departments of their publication; the claim caused them only to be the more securely spitted and the more thoroughly roasted.

The fact of the matter is that the medical journals are run for pecuniary profit, and the advertisers of copyrighed trade-mark compounds can afford, because of the monopoly which the copyright ensures, to pay big prices for advertising space. It is, furthermore, a notorious fact that were it not for the income from the advertising department, journals with a small circulation could not live, and they thus feel compelled to pursue a line of business policy which does violence to their professional convictions. We admit the legitimacy of making the advertising department to help sustain the journal, but by no means concede that it is necessary to admit to this department material pronouncedly at variance with the Code of medical ethics. Advertising is not only a legitimate but a necessary part of all business enterprizes, and the reason that houses doing business on a platform perfectly consistent with professional demands, do not more largely patronize the advertising departments of the medical journals, is that they are practically crowded out by the illegitimate (professionally) nostrum vendors who receive such encouragement from the profession. Were these unethical wares refused advertisement in the medical journals they would soon be forced to retire from the market, and medical publishers would speedily find that the space now paid for by nostrum vendors wonld be taken by firms working in strict harmony with the medical profession, and whose interests are closely bound up in the success of individual practitioners. Under the existing condition of affairs they find such advertising of legitimate pharmaceutical products as they may do, offset by the "loud" and highly colored claims for goods whose introduction the profession encourages only to secure their subsequent introduction to the public. Were the medical journals and the profession to cease to be the cats' paws of the "Greeks who come bearing gifts," they would have no cause to complain of the assistance which legitimate pharmacists would render in the way of publishing the medical periodical literature.

Physicians' Certificates to Patent Devices, Medical and Surgical.

A CONTROVERSY, characterized by considerable acrimony, is now being carried on between certain of the faculty of the medical department of the University of Michigan and the Michigan Medical News. The origin of the trouble lay in certain references made by the News to a quackish pamphlet containing the fac simile endorsements of certain of the University professors, of an Electric Device which the pamphlet advertises. We have no disposition to argue the merits of the case and will even admit the claims of the gentlemen implicated, that they are in no way responsible for the appearance of their certificates in the objectionable connection; that the certificates were innocently given as similar certificates have frequently been given before, without any special object in view on the part of the certifiers; and that the fac similes of their endorsements were published in this quackish pamphlet without their knowledge or consent. We, indeed, prefer for our present purpose, to accept this statement, as, taken in connection with the pamphlet itself, it illustrates the abuse to which certificates thus honestly given are always liable, if not actually designed by those interested in securing them.

A manufacturer of a surgical instrument, medical compound, or imitation mineral water, approaches the reputable physician, who may possibly be his family attendant, and under some specious plea, never intimating that it is designed for aught but a strictly ethical purpose, secures his endorsement for the article in which he is interested. A little reflection would convince the physician thus certifying that an improper use of his certificate is designed. He knows that he would, himself, place no confidence in such a certificate, containing a bald statement with no reference to the modifying circumstances which exist in every case of disease. Any testimony to the efficacy of any new therapeutical agent, in order to be of value to the educated physician, must contain a detailed reference to its action in a sufficient number cases presenting a sufficient number of symptoms which they have in common, and he accepts with a grain of salt even the most positive assurances by the most eminent authority, when such assurances are unsupported by proper clinical details. He requires as the basis of his opinion as to the value of an agent of this class, something more than an *ipse dixit*. Not so, however, the layman. He has greater reverence for authority in such matters, matters which he cannot, lacking the necessary education, understand; and the unsupported, dogmatic statement of an eminent physician carries great weight with it for him. He sees in his newspaper the name of an authority attached to an endorsement of a remedy for neuralgia, or headache, or dyspepsia, or debility, or constipation, or diarrhœa, or what not, and, regardless of the causation of these symptoms, he invests in a bottle and faithfully takes it regardless of the danger. It is fortunate that the nostrums thus put on the market and thus endorsed, are in most instances practically inert, and are thus productive of less direct mischief than if they were more active. Nature in such instances works her tardy cure, and the only evil is the loss of time, to the patient, and the direct loss of his legitimate fee to the physician. In this manner the income of the profession is very largely reduced. The money spent by the people for copyrighted compounds which the certificates of physicians thus aid in selling, is diverted from its legitimate channel and the medical practitioner suffers accordingly.

In view of the fact that the abuse indicated is so prevalent it behooves physicians to withhold all certificates, and if their experience in any drug has shown it to be valuable, to submit a report of it with all the circumstances, through the legitimate channels, the medical journals. In the matter of proprietary compounds if they were to walk in the spirit of the Code of Ethics they would not even prescribe them and much less certify to their value. By thus walking they would deal this form of

quackery a death blow and correspondingly enhance their own interests.

The Poisonous Nature of the Secretions.

THE article on "Permanganate of Potassium, an antidote to the Poison of the Cobra," appearing under the head of "Abstracts and Translations" in our present number, will be read with much interest both on account of the very important discovery which it announces, and the hint which it contains as to the nature of the deadly poison of the Cobra. That a substance to all intents and and purposes the same as the pancreatic juice, a substance so harmless in its physiological location and so necessary to life, should prove one of the deadliest of poisons when not in the discharge of its physiological function, seems well nigh incredible. The experiments, however, by Dr. de Lacerda are apparently conclusive. They are, moreover, in a measure, that is to the extent of proving the virulence as poisons of certain secretions, corroborated by certain experiments recently reported to the National Board of Health, by Dr. George M. Sternberg, Surgeon, U. S. A. Dr. Sternberg was appointed, February 4, 1880, to conduct experiments with a view to determining the correctness of those of Klebs and Tommasi-Crudeli through which they claimed to have detected the materies morbi of malaria. In the the course of his experiments (which, we may say, parenthetically, failed to substantiate the views of Klebs and Tommasi-Crudeli) Dr. Sternberg injected subcutaneously into rabbits a small portion of saliva from his own mouth. In three out of five such experiments death followed very speedily, and post mortem examination revealed diffuse cellulitis with effusion of bloody serum about the point of injection. The serum was found to be swarming with bacteria, and bacteria were also found through out the tissue. The saliva is thus seen to have proved a septic poison of great virulence.

The above results, aside from their interesting nature, are very suggestive and will have a tendency to shed some light into a subject now apparently wrapped in Cimmerian darkness, viz., the nature of zymotic poisons, malaria, etc. Is it possible that the poisons of our zymotic affections exist in the body and are not taken in from without? Are they natural secretions which through some influence, telluric, mental or otherwise, have remained unchanged and have thus failed to do their physiological duty and have been absorbed unchanged? These, it seems to us, are very pertinent queries, and it is barely possible that if investigators were to direct their search for the morbific influence more to the "enviroment of the individual" than to bacteria, micrococci, algæ, *et id genus omne*, an advance might be made from the stationary condition in which such matters have remained for a quarter of a century, notwithstanding the wealth of intellectual research which has been lavished on them.

In connection with this subject recent observations communicated by M. Gautier to the Paris Académie de Médecine, will also be of interest. M. Gautier took twenty grammes of human saliva from which, by lixiviation and purification, he obtained a substance which he injected in the form of a solution under the skin of a bird. Almost immediately the bird was seized with trembling. It staggered and fell to the ground in a state of coma which terminated by death in half an hour or an hour, according to the dose injected and the vigor of the bird. The symptoms resembled very closely those of poisoning by a venomous serpent. The poisonous matter of the saliva is thought to be an alkaloid similar to the cadaveric poisons called ptomaines, which have been isolated. Like them this substance produces Prussian blue when mixed with ferrocyanide of potassium.

In further connection with this subject a correspondent of La Nature calls attention to a passage of Rabelais, in which the poisonous nature of human saliva is recognized.

A Materia Medica Society.

WE note with no ordinary pleasure, the formation of a materia medica society in New York city. This society starts out (Medical Record) with a membership of fourteen, all of whom are well-known professional gentlemen, competent to the work in hand and each pledged to provide an appropriate essay in turn. Our contemporary speaks from personal knowledge of these members and declares that they mean work which it has every reason to believe will be of a superior quality.

The first meeting of this new society was recently held, its proceedings being confined to organization and to the reading of an address on "Weak spots in our knowledge of Materia Medica," by Dr. H. G. Piffard. This address reviewed the reasons which exist for greater attention to this division of medicine than it generally receives under the present method of medical education. It insisted on the necessity, as a part of medical education, of a greater familiarity with the physical properties of drugs than now obtains. It is a notorious fact than students are every year graduated without having ever even seen a sample of the majority of our leading drugs. Sight, taste, smell and touch should be educated in determining the qualities and properties of drugs, and these should be supplemented by chemistry and the microscope.

Being in possession of a drug it becomes the physician to know all its effects on the human system, its immediate physiological action and its remote effects, its effects in all sizes of doses and in repeated doses. A knowledge of the modifying effects of chemical combinations on active drugs is also important, as is also that of the influence of one drug on another in the system when several are given in a mixture. The special relationship of drugs to particular organs of the body, the relationship of drug action to pathological processes, acute and chronic, the influence of drugs in the relief of symptoms, such as pyrexia, pain, etc., should all be embraced in the study of materia medica, but are neither taught in our medical schools nor is a knowledge of them in the possession of one practitioner in a thousand.

Dr. Piffard announced it as the purpose of this new society to take up a consideration of these subjects and to strengthen the weak spots to the

extent of its ability. The work is one of vast importance and we believe the importance is becoming more and more felt. We regard the new society as an outcome of improved views which the American profession are beginning to entertain on the subject of the materia medica, and entertain the hope that the example thus set by the New York profession will find imitators in different parts of the country. The subject is one worthy of the consideration of even the brighter and more scientific minds, some of whom now affect to despise the ministry of drugs and to see nothing in medicine outside of physiology and pathology of sufficient importance for their consideration. Were medical societies, which now very largely fritter away the time of their meetings in tedious detail of symptoms of individual cases, to take up the lines of thought suggested by Dr. Piffard in his address, not only would they enhance the interest of their meetings but would also add very much to their real profit. We commend a thoughtful consideration of this subject to our readers.

Baltimore Medical College.

THE establishment of this institution presents several new features that may be regarded as advances in the right direction.

For example, the sessions are extended to seven and a half months, and students are required to attend at least two such sessions on the seven fundamental branches of medicine, before being eligible for the final examination for the degree of M. D. All the special branches, including dentistry, are taught by one or two professors of each, and the students have access to such lectures upon the general ticket, and without extra charge. The effort in bringing dentistry in such a relation to the medical profession, as is done in this school, must bring to its lecture rooms all those who desire to be thoroughly instructed in medicine, before entering upon the practice of dentistry, and who wish to do so under the authority of the old and still venerated degree of M. D. A dentist thus trained must have advantages in his favor, even at the outset of his career, which one offering to practice under a mere dental diploma cannot expect to possess. And it is hardly necessary to add, that the former will have standing and influence with physicians, throughout his professional career, which the latter, with a mere dental degree, will not be able to possess.

Another new feature is the co-ordinate instruction of both sexes, except in description of the sexual organs, their functions, etc., when the lectures will be given to the sexes separately. The professors are required to be men of unexceptional moral, as will as professional standing. A standard of preliminary training has been established, which must meet the approval of the profession at large, as well as that of the intelligent part of the laity, who prefer wisdom and learning in a physician, to the presumption and ignorance of the quack. At the present standard a respectable preliminary education is secured in all those who become students in the Baltimore Medical College. The professors are gentlemen of culture, and though inexperienced as medical teachers, with one or two exceptions, have shown a degree of aptness, thus far, that augurs well for their usefulness. The President of the Board of Corporators, is something of a veteran, as a teacher, and is working with his colleagues with the zeal of early manhood.

The new college has begun its first session under favorable auspices and has a bright future before it.

Vaccine Virus.

THE importance of purity in the supply of vaccine virus is a sufficient excuse for our asking the attention of our readers to the advertisement of the North-Western Vaccine Co., of Fond du lac, Wisconsin, as it appears in our present number. The facilities of this firm for the propagation of vaccine, and their conveniences for gathering and preserving it are unsurpassed. The guarantee of both purity and strength will be noted with the agreement to provide a fresh supply in the event of total failure in primary vaccinations.

Orders for the virus prepared by this firm may be made through Messrs. Parke, Davis & Co. of this city, who have taken the general agency for its supply to the profession.

PHYSICIAN'S Property for Sale.—The attention of our readers is especially called to the advertisement under "Business Chances" in this number, of a valuable property for sale by Dr. C. R. Cullen. Dr. Cullen is familiar to the readers of the GAZETTE through the translations from foreign journals with which he has for some time favored us. We request for him a consideration of his exceptional offer, by those who are likely to be interested.

Obituary, Dr. J. H. Bundy.

WE have received intelligence of the death of Dr. J. H. Bundy, of Oakland, California, which occurred at Seattle, Washington Territory, on October 10th. Dr. Bundy was born in Vermont, February 19, 1839, and was thus taken off in the very prime of life.

It would seem peculiarly fitting, from Dr. Bundy's intimate connection with the introduction of a number of the more recent valuable additions to the materia medica, that we should make mention of his decease and refer, even though but briefly, to his life in these columns. We knew but comparatively little of his abilities as a practitioner, and were familiar with him but as a writer and as a botanist. In both of these latter directions he excelled, at least as an amateur. He had the faculty of saying what he had to say with remarkable directness, even though his sentences were not marked by great rhetorical finish. In all his contributions to the periodical medical literature he gave the impression that he wrote from honest conviction, and such writing, even though it lack the grace and polish which are always desirable, carries conviction with it. Sincerity is a better quality in an article than finish. It is, however, with Dr. Bundy as a medical botanist that we are most familiar, and there

are probably but few physicians in this country to whom his name is not familiar as the introducer of yerba santa, grindelia squarrosa, berberis aquifolium, cascara sagrada, and yerba reuma. We have neither space, nor does the purpose of this notice render it necessary, to give a full account of Dr. Bundy's connection with these drugs, the manner of his discovery of them, his experiments with them to determine their value before introducing them, etc. Suffice it to say that in spite of the contumely with which he was visited from certain quarters because of his claims for them, he lived sufficiently long to see those claims verified in the experience of the profession, and the drugs themselves installed as permanent additions to the materia medica.

Dr. Bundy belonged to the Eclectic school of practice and assisted in the organization of the California State Eclectic Medical Association. He was also a member, and at one time vice president of the National Eclectic Medical Association. He was one of the editors of the California Medical Journal, and Professor of Theory and Practice of Medicine and Botany in the California Medical College. Personally he was a genial soul and drew to him friends by whom he was loved and respected.

Book Reviews and Notices.

Indigestion, Biliousness and Gout in its Protean Aspects.

Part I. Indigestion and Biliousness, by J. Milner Fothergill, M. D., Member of the Royal College of Physicians of London; Senior Assistant Physician to the city of London Hospital for Diseases of the Chest (Victoria Park); late Assistant Physician to the West London Hospital. Assistant Associate Fellow of the College of Physicians of Philadelphia.
"What is one man's meat is another man's poison."
New York: Wm. Wood & Co. Detroit: Thorndike Nourse.

The American reading medical public have become pretty well acquainted with the writings of Dr. Fothergill, and have doubtless formed their estimate of them. The book before us is (without being fulsome) one of more than ordinary value. The author's writings are popular this side of the Atlantic, and not without good reason. The shell of his egg is always filled with good material, and his reader will not be disappointed when he has reached the Omega of the volume.

The book is written from a physiological standpoint, and on this basis does its value rest. Every doctor should procure and read it, and after having done so he will give it a prominent place on his library shelves. Neither would it hurt the dyspeptic layman to study its pages.

Chemical Analysis of the Urine.

(Based in part on Casselmann's Analyse Des Harus.) By Edgar F. Smith, Ph. G., Asa Packer, Professor of Chemistry in Mahleisberg College, and John Marshall, M. D., Demonstrator of Chemistry, Medical Department, University of Pennsylvania, with illustrations.
Philadelphia: Presley Blakiston. Detroit: Thorndike Nourse.

This little work is simple and plain and contains all necessary to a full knowledge of the subject upon which it treats, and although others (and there are many) may be complete, yet the one before us expands more on the chemical side of the subject, and in such a manner that the student is enabled, either in the laboratory or privately to perform understandingly the solution of the many problems met with in the analysis of urine.

It contains a plate showing an apparatus for the estimation of urea and others illustrating the constituents of both normal and abnormal urine. We have no hesitation commending it.

The Wilderness Cure.

By Marc. Cook, author of "Camp Lou."
New York: Wm. Wood & Co. Detroit: Thorndike Nourse.

This is an interesting little book of over 150 pages, and is devoted chiefly to showing the benefits which consumptives or debilitated persons may receive from a residence in the White Mountain regions, and especially in the Adirondacks. A case of a young man is recited who after a sojourn of six months was supposed to be completely cured, but a failure of health took place after his return to civilization. The book goes on to give instructions when and where to go, how to prepare an invalid camp and make it attractive; the camp life as the invalid finds it; how to winter in the wilderness. It gives also Dr. Alfred L. Loomis' address before the New York State Medical Society in 1879, on the benefits to be derived from a residence in the Adirondack region, and closes with an estimate of the approximate cost of living. It is interesting reading, and contains much valuable information. Due allowance must, of course, be made for the enthusiasm of the author.

Text Book of Modern Midwifery.

By Rodney Glisan, M. D., Emeritus Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Willamette University and late President of the Oregon State Medical Society. With 130 illustrations. Price, cloth $4.00, sheep $5.00.
Philadelphia: Presley Blakiston. Detroit: Thorndike Nourse.

The author states in his preface that since the publication of the works of Meigs, Hodge and Bedford several years have elapsed, and that the more recent editions have not kept pace with the progress of this branch of medicine. In order to supply this deficiency the American medical schools have been furnished with obstetric text books from Great Britain and continental Europe, chiefly by reports of the works of Playfair, Leishman and translations of those of Cazeaux and Schroeder. The author presents this work as more thoroughly representing American obstetric practice.

The work is not entirely original, in fact it is impossible to write an original book on the subject, nevertheless he presents it in a readable and practical manner, to which much exception cannot well be taken. The author is strongly "temperance" in his treatment, yet yields the question when it becomes a matter of necessity or habit.

One exceptional feature on page 586 is the reference by name to certain manufacturing chemists and the preparations manufactured by them which is much out of place in what purports to be a standard work, and which we trust will be a omited

in future editions. Otherwise we commend the book to the medical student and also to the general practitioner as of more than ordinary merit.

EIGHTH ANNUAL REPORT OF THE SECRETARY OF THE STATE BOARD OF HEALTH

Of the State of Michigan for the fiscal year ending Sept. 30, 1880. By authority. Lansing, Michigan, 1882. Office at Lansing, Mich.

The first eighty-eight pages are taken up with the report of the Secretary and proceedings of the Board. One hundred and eleven pages with the proceedings and addresses at the sanitary convention held at Detroit, Michigan, January 7th and 8th, 1880, under the direction of a committee of the State Board of Health and a committee of citizens of Detroit. Also an introduction to the subject of Sanitary Conventions in Michigan. Eighty pages by the proceedings and addresses at the sanitary convention held at Grand Rapids, Feb. 17th and 18th, 1880, and the remaining 280 pages by papers presented to the Board, Secretary's report, etc.

There is much interesting matter in the report, but its usefulness is practically lost in the length of term occupied in its publication. There is no necessity for over a year to be taken up by the public printer in issuing a volume of only 508 pages, and the State should see that more promptness should be exacted in the future or the work given out to prompt parties.

Dr. Baker, the Secretary of the Board, is entitled to commendation, as the value of the report is due chiefly to the interest he takes in the proceedings and in the science of hygiene.

Application for copies should be made to Dr. Henry B. Baker, Secy. State Board of Health, Lansing, Mich.

THE PRESCRIBER'S MEMORANDA.

New York: Wm. Wood & Co. Detroit: Thorndike Nourse.

This is a convenient little book for hasty reference. The general diseases are given and are followed by the indications for treatment and suggestive prescriptions. We do not like these brief compendiums, and can only suggest that these authors fully entertain the idea "that life is short," in fact too short for comprehensive reading or study. It lacks one great feature, viz., an index.

A NEW FORM OF NERVOUS DISEASE

Together with an essay on Erythroxylon Coca. By W. S. Searle, A. M., M. D., Fellow of the Medico-Chirurgical Society, New York. Price, $1.00.
New York: Fords, Howard & Hulbert. 1881. Detroit: J. M. McFarlane.

This new form of disease the author terms "shock." In its nature epileptiform. Dr. Hammond considers the "new disease," as neither epileptic or epileptiform, and says the "pathological entity is cerebral hyperæmia" and which is not new.

The total number of cases met with was twenty-one; total cured, fifteen; result unknown, four; under treatment, two. Evidently this "new disease" is not a dangerous one. The treatment chiefly was coca, in homœopathic doses, in fact the whole treatment was of that order as the author himself and his friends are of that persuasion.

THE PHYSICIAN'S VISITING LIST FOR 1882.

Thirty-first year of its publication.
Philadelphia: Lindsay & Blakiston, and sold by all booksellers.

This well known visiting list needs no commendation from us; it is so well known as not to require it. It can be had of all sizes for from twenty-five patients weekly to one hundred, plain and interleaved. The price ranges from $1.00 to $3.00 as the list is interleaved or not.

THE PHYSICIAN'S MEMORANDUM BOOK.

A weekly visiting list with clinical columns and ledger sheets.

This new visiting list has all the general advantages of books of its class. Its tables of printed matter are as serviceable as in any similar book; its size is that preferred by most physicians; and its variety of blanks covers all that is usually required in such books. It has, besides, special claims to superiority in the general convenience of its blanks, its ledger sheets, its clinical record, and its cash account. The Weekly Record Sheet (32 families) provides for the usual record of appointments and visits, and the charges therefor. It is good for any year and any time of the year, and more or less than a page can be used each week. This book, used with the Physician's Combined Day Book and Ledger, makes a perfect system of book-keeping for the physician. Prices: Physician's Memorandum Book, $1.25; Physician's Memorandum Book sold with the Combined Day Book and Ledger, 75 cents. Address, Joel A. Miner, publisher, Ann Arbor Mich.

The book can be had from the publisher, and upon examination we cordially commend it to our readers.

Therapeutic Progress.

FEBRIFUGES IN MALARIAL FEVER.—In a medical report on the health of the 3d Indian Regiment of Native Infantry during 1879, says the British Med. Journal, Surgeon T. E. Worgan gives some interesting observations on the results of his treatment of malarial fevers with various febrifuges, the large amount of that disease among the troops offering a favorable opportunity for testing the value of drugs. Quinine being a costly drug, few cases were treated primarily by it, and only such cases as were of formidable character; the fact that recurrences took place is not, therefore, to be wondered at. Carbolic acid, a drug which does appear to have attracted great attention as an antiperiodic and antipyretic, yielded most encouraging results. That these results would have been still better, Surgeon Worgan is convinced, had he employed the drug from the first in the manner which experience subsequently pointed out. The doses, to be effectual, must be full and frequent; ten minims of the carbolic crystals to the ounce of water, and one and a half ounce of this mixture repeated six times during the day. No bad results were ever noticed under this treatment; no vomit-

ing or dyspepsia, though slight relaxation of the bowels was occasionally experienced. If the smallest fullness or hardness of the the pulse were noticeable, an ounce of this mixture, combined with a diaphoretic, was administered a similar number of times, the diaphoresis compelling absorption by diminishing the tension of the vessels. This plan was pursued whether the patient was in the paroxysm or entirely free from it, if the pulse seemed to indicate its advisability. Eighty-five injections of quinine were performed, but seldom as a primary treatment. The doses varied from ten to forty minims, more than twelve minims never being injected in one place. Three cases of abscess occurred, and chronic localized thickening of the cellular tissue invariably resulted. In one case, four grains in one spot produced a slough within four hours. Since these cases, even though assisted by the internal administration of "alkaloids," show only a proportion of about 33 per cent. of absolute success, and considering the pain and disagreeable results which may follow, Dr. Worgan does not think this measure will hold a very prominent position as a treatment, except in those severe forms of malarial fever where the stomach resents quinine, and rectal administration is objectionable. The cinchona alkaloids answered well in the milder forms of fever. Much of their failure is due to their nauseant properties, the dose being frequently vomited up five minutes after administration. That this property is less marked when administered as a draught than as any pill, seems certain. Another peculiarity in their action appears to depend on exposure to air, and their age. As each new tin waned, the dose had to be increased, to be again diminished on the opening of a fresh tin. Arsenic was frequently used as secondary to other drugs, and as such the results were satisfactory; seven drops well diluted did not appear to cause any inconvenience, though given when food could not have been present on the stomach. Salicine was administered in a few cases in which pyrexia was a marked symptom, with the effect of reducing the temperature, but exerting no appreciable influence over the recurrences.—*Medical and Surgical Reporter.*

A New Method of Treating Rectal Fistulæ.—Mr. H. A. Reeves writes to the British Medical Journal:—

About three months ago I tried a plan of operating in a case of fistula in ano, which I believe to be novel—if there be anything new—and as the result was very satisfactory and rapid, I venture to draw attention to it, although I have only one case, so far, to record. The fistula was about two and a half inches long, and was divided in the usual way; then all pseudo-membranous tissues and granulations were scraped away with a sharp scoop, and the ordinary narrow blunt-pointed bistoury buried for half its depth at the fibre of the fistula. Both surfaces of the wound being vivified and hemorrhage having ceased, three deep silver sutures were passed, entering the skin about a quarter of an inch from the edge of the wound, and, passing well beneath the floor of the fistula, were brought out at the same distance on the other side of the wound. The upper stitch ran through the coats of the rectum into the surrounding tissue. These stitches were removed a week after the operation (but might have been removed sooner) when the wound was soundly healed. The patient has been perfectly well since. I intend to give this plan an extensive trial, as it promises to considerably expedite the cure of suitable cases of rectal fistulæ, and to do away with the painful dressings which have to be resorted to in the common mode of treating such affections. The bowels should be well open by a purgative and enema before operating, and must be kept confined for about four days after the operation. All loose folds of skin about the fistulous track must be removed. I shall be glad if other surgeons will try this plan.—*Med. and Surg. Reporter.*

Chloral in the Treatment of Asthma.—Dr. G. L. Mackelcan, of Hamilton, Ont., in a paper read before the Ontario Medical Association, and published in the Canada Lancet, Aug. 1, 1881, says:—

Taking for a theoretical basis the idea that the attacks originate from some peripheral disturbance of some branch or branches of the pneumogastric nerve, which is communicated to the nerve centre, and that the attack could be arrested by paralyzing the nerve centre, as it were, the paroxysm could be cut short, and if cut short, the habit would ultimately be broken up, I thought that chloral hydrate would have the desired effect. The first case that came under treatment was an old standing one of thirty years, of the cardiac variety. This old gentleman had been subject in the first years of the disease to violent periodical paroxysms, but latterly it had become almost continuous, so much so, indeed, that he had not lain down in bed for some months. The remedy was given in 3 j doses at first, as I presume it was by most of us, when it came into use. The dose was then gradually decreased until five grains, three times a day, were taken. The effect of the treatment was such that in a very short time he was greatly relieved of his asthma, and at the end of six months he was entirely free from it. He lived for ten years afterwards and never was troubled with it again, although living in the same neighborhood. He told me that he gave my prescription to others suffering from the same disease in his locality, and that it entirely relieved them.

The next cases treated were four members of the same family. I had treated the father for some time on the old plan that I had been accustomed to, but with only temporary relief. As soon as he began the new treatment with chloral hydrate he began to improve, and after three months he had no return of the disease. Some time afterwards the mother came for treatment for the same disease and in her case I believe she never had a subsequent attack. About two years after the son and daughter came to be treated for the disease, and were well enough to discontinue the remedy, one in three and the other in six months.

The history of five more cases is given. Two of these were completely cured, while the remaining three were benefited. In conclusion the Docto

says, that with regard to the disease in young children, when the diagnosis is made out (which is not always easy), the effect of the treatment has been very remarkable. Four cases from three to ten years of age, treated by from six to twelve grains, have been completely relieved from any further attacks.—*Med. and Surg. Reporter.*

WHAT IS RESORCINE?—Resorcine, says the Journal of Chemistry, belongs to a class of bodies called phenols, to which carbolic acid also belongs. In chemical composition they resemble alcohols. Pyrogallic acid is a triatomic phenol.

Resorcine was originally obtained by fusing certain resins, as gum ammoniacum or galbanum, with caustic potash, extracting it from the fused mass by acidifying with sulphuric acid and shaking with ether, and then purifying it by distillation.

Resorcine crystallizes in colorless plates or columns, and dissolves readily in water, alcohol, and ether. It melts at 104° Cent. (219° F.), and boils at 271° Cent. (520° F.), and can be obtained perfectly pure by distillation. It is claimed that it can be made in Switzerland for four dollars per kilogram (about one dollar and eighty cents a pound), but we find it quoted in German price-lists at from seven dollars and fifty cents to ten dollars per kilogram, or about double the price of salicylic acid. To some extent the price will depend upon the demand.

Resorcine is not poisonous in moderate doses. From 25 to 30 grains is required to produce any marked effects. It has been found to reduce the temperature in febrile complaints, but its effect is of short duration, and unpleasant after-effects have been noticed. One of its isomers—hydrochinone—is preferred for use in fevers, the dose being smaller. The third isomer—pyro-catechine—has powerful toxic properties.

Andeer has recently investigated the properties of resorcine, and finds that it possesses the power of stopping decay. A 1 per cent. solution of chemically-pure resorcine will stop the development of fungi and mold. In every degree of concentration it coagulates albumen and precipitates it from solution, on which account it may be used as a caustic to remove unhealthy tissue. In crystals it cauterizes as powerfully as lunar caustic. In minute quantities resorcine will preserve ink and colors, which would otherwise mold quickly, and does not injure the color. To stop fermentation completely requires a rather strong solution of one and a half to two per cent.

Dr. Koller prophesies a great future for resorcine, which, he says, will be the disinfectant and antiseptic of the physician, the druggist, and the chemist. It must not be forgotten, however, that resorcine is too powerful a reagent to be taken internally in unlimited amount.—*Phila. Medical Times.*

ON THE TREATMENT OF IMPETIGO LARVALIS BY POWDER OF IODOFORM.—Although iodoform has long been used with advantage in the treatment of ulcers of various kinds—more especially syphilitic ulcers—I am not aware that it has been employed in any other kind of chronic skin diseases. This idea, however, happened to occur to me to employ it in impetigo larvalis; by which name I mean the mattery yellow-scabbed patches which occur on the faces of children and young adults. I was led to this idea by noting that the raw surfaces concealed by the scabs of impetigo have, although they are not ulcers, certain points in common with that class of ulcers which iodoform is specially successful in healing; namely, that they present a sodden false-membrane-like surface, which discharges copiously a milky pus, and that this surface has to be succeeded by a florid clean raw-beef-like surface before healing. My experiments have been conducted by removing the scabs and drying the sores with rags, and then dusting them over with a mixture of iodoform (in very fine powder), and of starch-powder in equal parts; and then, as the surface improves, I use iodoform powder undiluted. Very rapid improvement takes place under this treatment. The mere dusting over of the raw surfaces with the powder does not of itself suffice; since, if that alone be done, the surface speedily dries up again; that is to say, a thin hard dry scab is immediately formed, and this cracks, and so produces an uncomfortable tense condition of the surface, which is not only extremely irksome to the patient, but also highly unfavorable to rapid healing. I accordingly, in my earlier experiments, coated the powdered-over surface with a thin film of almond oil, laid lightly on with a camel-hair brush; but this plan, which succeeds very well in the case of ulcers, does not agree equally well with the excoriations of impetigo. What I find very much better than oil, is a film of glycerine, under which healing takes place much more rapidly. The conditions that have to be observed are these: 1. The scabs are to be softened by bathing them with warm soap and water, and then completely detached and removed, and thereupon the raw surface is to be gently dabbed dry. 2. The iodoform is to be in very fine powder, and freely dusted on. 3. The layer of glycerine is to be lightly laid over it. 4. The process should be repeated, if possible, every two hours by the patient himself; or, if a child, by its nurse. Under these conditions the disease—in many instances, within a day or two—exhibits a very remarkable improvment, and speedily becomes healed. A moderate dilution of the iodoform, with starch-powder, will render it quite a comfortable application in cases where it would otherwise cause irritation.—Balmanno Squire, M. B. Lond., in *The British Medical Journal.*

FROTHING URINE.—Dr. Southey, in his valuable Lumleian lectures on Bright's disease, has quoted the aphorism of Hippocrates, to the effect that "bubbles maintained upon the top of the urine signify a disease of the reins, and likewise its long continuance;" a fact, Dr. Southey remarks, which remained "unimportant until the end of the last century, when it was ascertained that albuminous urine held a froth of bubbles on its surface."

That the persistent presence of air-bubbles on the surface of urine may be noted in most cases of albuminuria is undoubted; but, since the same condition occurs in a variety of other cases, it can-

not be relied on as a test of the presence of albumen in urine; and, when so interpreted, it will in many cases prove misleading, and give rise to unnecessary alarm. I have frequently met with urines which have retained a froth on their surface, from the moment of being passed for 12 and even 24 hours, and which have not contained a trace of albumen. I have at the present time two cases under my care in this town (San Remo); the one of diabetes, and the other of dyspepsia. The froth in the diabetic case is certainly not due to decomposition of the sugar, since the froth forms upon it immediately it is avoided; while the only noticeable features in the second case are, that the urine contains an excess of earthy phosphates, and its acidity is below the normal standard. I believe that the occurrence of retained and persistent air-bubbles on the surface of urine is nearly always of pathological significance; and that their presence, when rightly understood, is capable of affording valuable practical information, although, so far as I am aware, the subject has not hitherto been followed out with the requisite care and minuteness. In some cases the frothing appears to be connected with the high density of the urine; in others, with its feeble acidity or alkalinity; and again, in others, with an excess of mucus.—Arthur Hill Hassall, M. D., in *The British Medical Journal.*

The Treatment of Hay-Fever.—Inasmuch as no certain method of cure has yet been found out for hay-fever, any contribution, however trivial, to the subject, I feel sure cannot but be welcome. I have lately had a very inveterate case under my care, which had previously, according to the patient's own statement, resisted almost every known kind of treatment. Insufflation of powdered quinine and powdered boracic acid, from which I expected most benefit, produced but little effect, and it certainly seemed doubtful whether anything would prove of service in mitigating the attack. However, I gave him a further trial, and told him to inhale the vapor arising from a teaspoonful of carbolic acid mixed up in a basinful of boiling water, frequently during the day. This afforded more relief than the powders, but it was not nearly so decided or permanent as I wished. I then ordered him to wash out his eyes with a (5 grain to the ounce) solution of boracic acid, and to syringe out his nostrils frequently with a 15 or 20 grain solution of the same acid. The improvement from this treatment was very marked, though whether it lasted I cannot say, as the man did not remain under my care. However, I trust that others will be led, from these remarks, to give boracic acid a fair trial for these cases, and report upon it. In the case mentioned, the difference between the use of powders and solutions was very marked, and I would certainly, with Helmholtz and de Budberg, recommend the latter method of treatment in preference to the former.—F. P. Atkinson, in *British Med. Jour.*

Neuralgia as a Warning.—The great prevalence of "neuralgia"—or what commonly goes by that name—should be regarded as a warning indicative of a low condition of health, which must necessarily render those who are affected with this painful malady especially susceptible to the invasion of diseases of an aggressive type. This is the season at which it is particularly desirable to be strong and well furnished with the sort of strength that affords a natural protection against disease. There will presently be need of all the internal heat which the organism can command, for a good store of fat for use as fuel is not to be despised. It is no less essential that the vital forces should be vigorous, and the nerve power especially in full development. Neuralgia indicates a low or depressed state of vitality, and nothing so rapidly exhausts the system as pain that prevents sleep and agonizes both body and mind. It is therefore of the first moment that attacks of this affection, incidental to and indicative of a poor and weak state, should be promptly placed under treatment and, as rapidly as may be, controlled. It is worth while to note this fact because, while the spirit of manliness incites the strong-minded to patient endurance of suffering, it is not wise to suffer the distress caused by this malady, as many are now suffering it, without seeking relief; forgetful of the condition it bespeaks, and the constitutional danger of which it is a warning sign.—*The Lancet*, Dec. 18, 1880.

The Therapeutic Action of Mistletoe.—Dr. R. Lee Payne, Jr., after making a number of experiments with mistletoe draws the following conclusions of its action, in the May number of the North Carolina Medical Journal:—"Mistletoe, from its stimulant action on the heart, may be given with greater safety and with even more confidence as to relief of flooding than ergot. Again in retained placenta of abortion, at once so annoying to the physician and dangerous to the patient, mistletoe will be found a most efficient remedy. Further from its stimulation of the vaso-motor nerves and consequent contraction of the arterioles it will do good service in cases of menorrhagia, metrorrhagia and hæmoptysis. Its action on the heart indicates its usefulness in all diseases of this organ characterized by weak action and low arterial tension. And finally, diseases of the brain and spinal cord, especially those in which congestion is marked, we may expect to be benefited from the administration of mistletoe; and in the reflex convulsions of children, the paroxysms continuing after the irritating cause has been removed, mistletoe may prove useful by lessening the reflex functions of the cord." [The author orders mistletoe in the form of a decoction and a fluid extract, and usually gives half-a-teacupful of the former at one dose, and from thirty drops to a drachm of the latter, three times daily.]—*Med. Bulletin.*

Treatment of Asthma.—To relieve the paroxysm is the first duty, and this can be done by the hypodermic injection of morphia, or the administration of chloral, or both. Some prefer the inhalation of nitrite of amyl, but this does not seem to accomplish the object as well as some of the other remedies. The fumes of stramonium leaves, tobacco, belladonna, or lobelia, are used to check the paroxysms, and they answer a very good purpose. The debility caused by asthmatic parox-

ysms, is best removed by the exhibition of quinia and iron. To prevent the return of the attacks, arsenic in combination with the iodides is used, and, of late years, grindelia robusta seems to be quite a favorite. Asthma, like other neuroses, is capricious in its behavior toward remedies; the remedy succeeding at one time, will fail utterly at another. Nauseants, as ipecac, or tartar emetic, can be used, but are objectionable because of the depression and debility which follow their use. The application of ammonia to the posterior wall of the pharynx, is practiced by the French. The inhalation of oxygen, or compressed air, relieves the breathing somewhat, but is not as effectual as ether or chloroform. The patient's diet should be regulated, and should consist of broiled or roasted meats, with a little fruit, and a few of the succulent vegetables, and all syrups, sugars, and starches should be prohibited.—Dr. Bancroft in *Ohio Medical Recorder.*

Effects of Oil of Tansy.—Dr. G. Jewett, Boston Medical and Surgical Journal, reports eight cases of poisoning with this drug. Case 1—Fifteen drops at 11 A. M., a teaspoonful at 2 P. M.; convulsions, shock, general cyanosis; recovery. Case 2—Teaspoonful to promote catamenia; convulsions and death in one hour and a half. Case 3—Unknown quantity to cause abortion; convulsions; death in three hours and a quarter; no abortion. Case 4—Teaspoonful to cause abortion; coma, recovery; no abortion. Case 5—Four drachms; spasms and death. Case 6—To cause abortion; rapid death; no abortion. Case 7—Decoction of tansy leaves to produce abortion; paralysis, coma, death in twenty-four hours without abortion. Case 8—Infusion of leaves daily for a week; also for vaginal injection; abortion, metritis, peritonitis; recovery after three months. As druggists are often asked for oil of tansy under various pretenses, we believe the above table will be useful in reminding them of the flangers attending the sale of tansy and its preparations.—*Country Practitioner.*

Thapsia Plaster.—This plaster is made from the Thapsia garganica, which grows in abundance on the plateaus of Algeria, and since its introduction into therapeutics has rendered important service in the art of healing. It owes its irritating properties to a peculiar resin contained in its roots, rendering it a powerful derivative, whose action, on account of its form and consistence, may be graduated at will and limited to the very spot on which the physician wishes to obtain the effect. This result is impossible with croton oil, which on account of its fluid state spreads and acts on a larger space than desirable. From the simplicity of its use it has gained much favor with the profession, and is used by many in preference to croton oil or tartar emetic ointment, over which it has great advantages. Its revulsive action manifests itself by a miliary eruption more or less abundant according to the time it has been applied. When the eruption disappears in a few days, the plaster may be re-applied, and thus a counter-irritation kept up for any desirable length of time.—*Pacific Medical Journal.*

Inhalation in Phthisis.—Several papers having appeared in the Journal upon inhalation in phthisis, perhaps some of my fellow-practitioners may be glad to know how they may try it as extensively as they please, without special apparatus, and at no cost. Cut from an ordinary roll of wadding two pieces large enough to cover the nose and mouth. A diamond-shape answers very well. Now, remove the skin-like substance which coats the pieces; put them together, and fold them in a thin piece of muslin, to the ends of which ribbons may be sewn; and your inhaler is made. I have used it for a couple of years, directing the patient to drop five or ten drops of creasote between the layers of wadding, fold it in the muslin, and to wear it for half-an-hour two or three times a day, or sometimes through the night. It is well to tell the patient to have two or three of them, as the breath spoils the inhaler after a time. There are cases where, merely as a filter, it may be useful; and using it with creasote, I am convinced, is useful in many cases of phthisis, in some cases of chronic bronchitis in young people.—S. Wilson Hope, in *British Med. Jour.*

Sulphide of Calcium for Suppurating Buboes.—Professor Otis, following the suggestions of Ringer, employs (New York Medical Journal, May, 1880) sulphide of calcium, with the best results, in cases of threatened suppuration in phlegmonous swellings, 0.005 gramme every two hours, or 0.003 gramme every hour during the day. Furuncles and abscesses are arrested; suppurative processes of the mucous membranes, on the contrary, not. Absorption of pus already formed, and resolution of the tumor, occurred in fifteen out of eighteen consecutive cases of inguinal buboes associated with chancroid, this resolution tending to prove (in accordance with the popular teaching) that the buboes were of sympathetic and not of chancroidal origin. Applying to these cases of inflammatory buboes, the concomitants or immediate sequelæ of well-pronounced chancroids, the old rule that chancroidal buboes always eventuate in chancroidal abscesses, always suppurate, and require evacuation, then we must hold that only three out of eighteen cases of inflammatory buboes, associated with chancroids, were the result of transference of the suppurative process from the chancroid to the adjacent lymphatic gland. Or the influence of the drug may extend to the true chancroidal bubo. At all events its successful use invites a trial of its efficacy in all instances of threatened granular suppuration.—*Boston Medical and Surgical Journal.*

Perchloride of Iron in the Dermatoses.—Casarini (Lo Spallanzani) has been experimenting with perchloride of iron in the dermatoses. He has employed it externally in the form of pomade, of one to three parts of the perchloride of iron to thirty parts of lard, and also in lotions composed of one part of the drug to two or three parts of water. He comes to the following conclusions respecting its use:

1st. That perchloride of iron is the most efficacious remedy in purpura hæmorrhagica and purpura simplex.

2d. That it is very useful against the chloro-anæmic cachexia, which often accompanies such diseases of the skin as rupia, ecthyma and impetigo.

3d. Externally it exercises a promptly favorable action on ulcers arising from scrofula and syphilis.

4th. Employed under the form of pomade it is an active and efficacious means of treatment of the squamous diseases of the skin, notably psoriasis. The use of this drug seems to be extending.—*Chicago Medical Review.*

THERAPEUTIC EFFECTS OF OXYGEN.—M. E. Hagen, in a report to the Academy of Sciences, gives some facts regarding the physiological and therapeutical effects of oxygen. It is taken in doses of forty to ninety litres per day, in two doses, and mixed with a very small amount of air. It augments the appetite, slightly elevates the temperature, accelerates the circulation, temporarily increases the red corpuscles and the hæmoglobin in the blood and increases the weight of the body. It stimulates the nutritive movements of the tissues, and increases thereby the excretion of the urea. In chlorosis it is a useful adjunct to iron. It stands and acts much in the same way that hydrotherpy does. In vomiting it is especially valuable. After one or two inhalations, vomiting will generally stop permanently, if it be not due to organic disease. Vomiting is relieved by oxygen when due to painful dyspepsia, dyspepsia with dilatation, vomiting of pregnancy and uræmia.—*Cincinnati Medical News.*

GLYCERINE IN PHTHISIS.—Prof. Jaccoud, of the Paris Faculty, has strongly recommended (La Thérapeutique Contemporaire) the use of glycerine as an excitant and agent d'epargne, during the non-febrile period of common phthisis, when cod liver oil is no longer tolerated. He recommends the following mixture, which should be taken in the course of the day, either with or between meals:—

℞ Rum or cognac, 10 grams
Ol. menth. pip., ♏j
Glycerin, 40 grams.

M. This mixture is agreeable to the taste and well tolerated by the stomach; even after several months, it induces neither satiety nor disgust. The quantity is sufficient for one day, but in cases which present no sign of abnormal excitability of the nervous system or heart, the does of glycerine may be gradually raised to 50 or 60 grams per diem.—*Med. and Surg. Reporter.*

IODINE IN MALIGNANT PUSTULE.–Chipault (L'Union Médicale, May 24, 1881) claims to have secured good results in the treatment of malignant pustule with hypodermic injections of iodine, by means of a Pravaz syringe. The pustule is circumscribed by the injections, from four to ten of which are made every morning and evening, iodine being internally anministered at the same time. The solution to be injected is one part iodine to two hundred and fifty of the menstruum. The antiseptic influence of iodine is no doubt the quality that renders it of value here, and this quality will be of advantage in allied diseases.—*Chicago Medical Review.*

TEA AS A THERAPEUTIC AGENT.—Dr. J. A. Sewel (L'Union Médicale du Canada) claims some very remarkable results from the use of enemata of tea in opium poisoning, belladonna poisoning, the excessive ingestion of alcohol by children, and in certain cases of shock. He cites from the experience of other physicians, cases in which tea has had the same effect. Green tea is the kind used; an exceedingly strong infusion is made, and of this eight ounces are given. Further investigation of this use of tea would seem to be necessary, and in the opinion of the therapeutical editor of the Review the enthusiasm of Dr. Sewel is of a nature that tends to somewhat impair the value of his results, which are notwithstanding, worthy of consideration. Very strong infusion of coffee and of green tea have been long used in opium poison-(H. C. Wood, Therapeutics, p. 215). Recent scientific studies (British Medical Journal, 1874, II., 698, 699), show "that in animals, doses of morphia otherwise lethal, may be successfully combated with thein or caffein."—*Chicago Medical Review*, Sept. 20, 1881.

NEW REMEDY FOR BALDNESS.—In cases of confirmed baldness the new remedy proposed is to remove the scalp, bit by bit, and substitute, by skin grafting, pieces of healthy scalp, taken from the heads of young persons. The success which has heretofore attended operations of this nature in cases of scalp wounds gives a promising outlook for this new mode of curing baldness; and perhaps the day is not far distant when the shining pates of our venerable fathers will bloom with the flowing locks of youth.—*Independent Practitioner.*

SARSAPARILLA IN SYPHILITIC CACHEXIA.—Dr. Wm. Carter records, in the Practitioner, May, 1881, page 357, two cases that will tend to rescue sarsaparilla from the neglect into which it has fallen of late years in the treatment of syphilitic cachexia. One man, who appeared on the point of death, after failure of all other remedies, quickly recovered on a pint of sarsaparilla a day. In a seaman, æt. 41, the beneficial effects of the same treatment were also much marked.—*N. C. Med. Jour.*

SIMPLE REMEDY FOR CHAFE.—Bathe parts well in tepid water, dry well with soft cloths, and apply, by means of a soft sponge or cloth, the following:

℞ Zinci acetatis, gr. xv
Morphiæ acetatis, gr. ij
Glycerin., aq. rosæ, ♏ ʒij.

M. Ft. sol.

Sig.—Apply to chafed parts twice or thrice a day. —*Med. Times.*

FURUNCULOSIS FROM CONDURANGO.—In the Vierteljahrschrift für Dermatologie, 1880, Dr. J. E. Guntz states that he observed furunculosis, associated in one case with acute acne of the face in 20 patients out of 1000 who were taking a strong decoction of condurango for syphilis.—*Med. and Surg. Reporter.*

New Remedies.

GRINDELIA—WILLD.—Natural order, Compositæ; Linnæan system, Syngenesia superflua—Heads, many flowered; the ray flowers generally present, pistillate, the ligule elongated; disk flowers, perfect. Corolla tubular funnel-shaped, five-toothed. Involucre subglobose or hemispherical, the scales imbricated in many rows, often with squarrose tips. Receptacle, naked, flat, foveolate. Style, with lanceolate hispid appendages, as long as the stigmatic portion. Achenium, smooth, oblong, or ovate; somewhat angled. Pappus of 2-8 smooth rigid deciduous awns, shorter than the disk corollas—biennial (?) perennial or suffruticose, often resiniferous. Mexican and North American plants: Leaves entire or serrate, often punctate; the cauline ones sessile; heads corymbed at the ends of the branches or solitary; mostly rather large.

G. Robusta (Nutt).—Very glabrous; stem herbaceous; leaves oblong, very obtuse, coarsely serrate, cordate clasping. Involucre leafy at the base, the scales produced into recurved-squarrose, subulate linear appendages; pappus of two (or more ?) bristles. Nutt. Trans. Am. Ph. Soc., N. S. 7, p. 314.

This plant is found on salt marshes along the Pacific coast—in some localities very abundant. It is a robust species from one and one-half to three feet high; glabrous, suffruticose, with numerous stems from creeping roots, loosely corymbose-branched above; leaves one-half to two inches broad, and one and one-half to five inches long, somewhat oblong-spatulate, clasping, mostly obtuse, serrate-mucronate; involucre sometimes leafy at the base; the scales produced into recurved-squarrose, subulate-linear appendages, the same as in other species; heads large, one-half to three-quarter inch diameter, disk at first filled with a white resinous spurm or varnish secreted by the involucre, which covers the rays and florets as they expand; pappus from two to four bristles.

I have given a full record of the description of this plant, as contained in Torry & Gray's N. A. Botany, p. 247, and subjoined thereto a description of that which California botanists accept as the same plant. Although allowances must be made for specific variations dependent on climate and locality, yet no person could recognize the G. robusta, as it grows on our salt marshes, by Nuttall's description, and, in order to avoid confusion, it is better to correct the description than to change the name of the species.

About the middle of April or the first of May (the time when the flowers begin to force open the involucre) a white resinous substance begins to exude from glands which cover the scales. This resin rarely, if ever, is found in quantity on the branchlets, although there is always sufficient secreted by the stem and leaves to impart a glutinous property, perceptible to the touch. The resinous secretion changes to a brown color later in the season, and covers the heads like a thick varnish. The proper time to gather the plant is when the seeds are perfected. The officinal portions are the heads, branchlets, and the leaves about the involucre.

Medical History.—Among the old Spanish residents of California, grindelia enjoyed a high reputation as a specific in asthma and bronchial affections. It was not, however, brought prominently before the medical profession till 1866, when a notice appeared in the Pacific Medical and Surgical Journal detailing the result of its trial by Dr. W. O. Ayres, of San Francisco, on a patient who had suffered for six years so severely from asthma that he was not only obliged to abandon all active duties as a minister, but was so reduced in health that no prospect of recovery was apparent.

Case No. 1.—For a long time he generally passed the night in his chair, with the torture usually incident to his disorder. At this juncture a friend sent him a bottle of syrup of grindelia, assuring him that a number of other persons affected with asthma had been cured or relieved by its use. Dr. Ayres permitted its use as an experiment, and, the patient taking a wineglassful on going to bed, slept soundly during the night for the first time in during several months. He continued the medicine regularly for four months with the same results, when a slight return of the disease occurred, incident on unusual fatigue and exposure. Thus, for an entire year, he enjoyed comparative comfort. The sequel of the case is not recorded, but I understand the disease subsequently returned and that the medicine failed in producing its former good results.

The publication of this case excited considerable interest among California physicians, and grindelia was sought for and administered in numerous cases of asthma. I have been unable to collect any record of these cases, but the conclusion is that its use was not followed by satisfactory results, inasmuch as the remedy was discarded and forgotten in a short time.

In 1868 I commenced the labor of compiling a Medical Botany of the Pacific coast. The history of the gaindelia being fresh in memory, I visited the drug stores in San Francisco, in only one of which I found it. The whole plant had been gathered in an immature condition, and it had grown upon hilly land, as was manifest from its being without radical leaves; further than this it was not the robusta. The only preparation in the market was a fluid alcoholic extract, prepared from specimens such as just described. *It thus became manifest, 1st, that the properties of the plant were not represented in this immature species; and, 2d, that an alcoholic preparation would be incompatible.*

Case No. 2.—About this time I met Dr. E. T. Barber, of Eureka, who reported to me a severe case of asthma of several years' standing, which routine remedies had failed to relieve. He administered the syrup of grindelia, combined with iodide of potassium, and continued its use for several days. The paroxysms disappeared, and for 18 months there had been no recurrence of them.

Case No. 3.—Soon after I was called in the night to J. B., who had suffered several years from asthma—violent and alarming paroxysms recurring about every fortnight. He was so alarmed at the unusual severity of this attack, that he concluded to abandon his son-in-law as his physician. He would not permit me to leave his bedside for two hours, when the paroxysm began to abate. Next day I prepared him a bottle of grindelia in

strong infusion, of which he took four ounces a day. This was six years ago, and he has had no return of the disease.

Case No. 4.—The next case was a lad, H. B., 12 years of age, who had been suffering from asthma for three or four days. He was subject to periodical attacks. I administered half an ounce of the strong infusion, to be repeated every two or three hours. The first dose gave him relief in a few minutes. This was three years ago. Since then he has had two other attacks, both of which were relieved as promptly as the first.

Case No. 5.—A. T., a child 10 years old, of strumous habit, was attacked severely by asthma about two years ago. She had been subject to frequent paroxysms, which her mother mistook for croup, and had administered remedies therefor. I prescribed grindelia infusion once in four hours. The second dose relieved her completely. Last year she had another paroxysm, which disappeared after the second dose. During March, 1874, she had another, which was unusually distressing. Half an ounce of the infusion once in two hours relieved her completely after the third dose.

Case No. 6.—In December, 1871, I was called to I. L., æt. about 30. For years past he had been subject for nearly six months of the year to violent paroxysms of asthma, which would recur every night about bedtime. He had removed from San Francisco to Alameda in hopes that a change of climate would be beneficial, but no favorable results had thus far been realized. I found him suffering from great dyspnœa; he had frequent coughs, and was expectorating bloody mucus; this condition of his system was the sequel of a severe cold of about 10 days' standing. The pneumonia yielded to treatment by sub-acetate of lead alternated every two or three days with aromatic sulph. acid, but as soon as the hemorrhage ceased his usual paroxysms of asthma returned. I gave him grindelia, without any good effects. He slowly recovered his normal condition of health and resumed business, still a victim to his distressing complaint. In December, 1872, he had another attack similar to the first, but not so threatening, from which he slowly recovered; but nothing which I prescribed relieved his asthma. In September, 1873, he again took a severe cold, which was succeeded by cough and bloody expectoration. This attack was lighter than the others, and as soon as his paroxysms of asthma returned, I gave him 2 grains of extract grindelia combined with half a grain of extract stramonium once in four hours. The second pill was followed by emesis, by which a considerable quantity of tough, transparent, granular mucus was thrown up, following which, material relief from the asthma was experienced. The pills were continued twice a day for several days, and marked alleviation of his ordinary symptoms was experienced. On account of the unpleasant effects produced by the stramonium, he shortly afterwards abandoned the use of the pills, and relapsed into his old habits. In October, '73, he was threatened with another attack of sickness, and I immediately prescribed the syrup of grindelia combined with extract stramonium in the proportion of one grain of the first to one-fourth of a grain of stramonium. This proportion appeared to answer the indications; he was confined to the house for two or three days, and resumed his duties without any material inconvenience. Since that time he has been taking this prescription for three or four days in each month, and although catarrhal and bronchial affections have been very severe and persistent during the past winter, he has enjoyed greater immunity from severe attacks of asthma, and more robust health than for 6 or 8 years past. On the whole, this case, complicated as it is with disease of the lungs, so that recovery cannot be expected, is materially benefited by the use of grindelia, not so much by relieving the spasms of the bronchiæ, as by arresting fresh attacks of bronchitis before its inflammatory action extends to the small ramifications of the air tubes.

Case No. 7.—I. McG. recently arrived in California; subject from childhood to hurried respiration after active exertion, and to copious expectoration of opaque mucus; caught fresh cold before landing from the cars; has considerable dyspnœa, with prolonged and wheezing expiration, which can be heard six feet distant; constant, short cough, with but little expectoration. I regard this as a case of chronic bronchitis, in which the diameter of the small tubes has been permanently contracted; a fresh cold supervening produced the asthmatic symptoms which were so conspicuous. In this case I prescribed the grindelia syrup in combination with about five grains of bromide of ammonium, to be taken four times a day. Three days after the wheezing had subsided, and the prolonged expiration was heard only on close proximity; the cough had nearly left, and expectoration was copious, but easy. In three weeks after he returned home, feeling better than he had for several months past.

Case No. 8.—Dr. E. F. Colsey, of Columbia, Ga., has suffered for years from asthma, for the relief of which he had exhausted all known remedies. He wrote to me in November last with a request to send him some grindelia, as a last resort, which I did. I received a reply dated January 15th, 1874. Extracts from this letter will be all sufficient: "I have had several opportunities to give the grindelia a trial, in every one of which, where there had been sufficient time, its effect has been truly wonderful." "I want you to send me a pound of the extract as prepared by yourself." "Do not neglect or delay this, as I am entirely out, and I feel at a loss without it—indeed, in my own case, I am so dependent upon it that I am nervous at the thought of not having it. It is the most prompt and stimulating expectorant I have ever used."

This concludes my present record of eight distinct cases, with four or five subsequent attacks in two of them, in which this remedy has had a fair trial. On the other hand, Dr. VanWyck, of Oakland, administered it to a severe case without benefit, and from several others to whom the remedy was sent, no information has yet been received.

It will be perceived that there are two or more distinct forms of asthma represented in these cases. Nos. 2, 3, 4, 5 and 8 are purely spasmodic; No. 1 was probably complicated with pulmonary disease; No. 6 is hopelessly so complicated, and No. 7 is the result of chronic bronchitis. In all of them

except Dr. Barber's case and in cases 6 and 7, the grindelia was prescribed uncombined with any other remedy. The object of this was to obtain a proximate idea of its true therapeutic value. This accomplished, it may be frequently advantageous to obtain the action of alteratives or sedatives in combination with it. Thus, minute doses of calomel, in many cases, will add to its expectorant property; iodide of potassium will promote constitutional results; bromide of ammonium is especially useful in allaying laryngeal irritability after the lungs are relieved from mucous secretions. The good judgment of the physician will perceive the indications to be answered, other than those pertaining to the remedy itself.

But these cases do not conclude the record of trial. Reasoning from its known effects as an expectorant and anti-spasmodic, last year I used it, first in one case, subsequently in six others, of pertussis. I am not conscious that it had any effect in curtailing the duration of the disease, but its prompt action as an emetic, without producing the distresing nausea incident to most other emetics, was really remarkable. After emesis was produced, its administration in smaller doses arrested the secretion of mucus, and the paroxysms of coughing were comparatively light. I was so well satisfied of its useful action in the first case, that I used it in all the others as the specific treatment. Subsequently, in unnumbered cases of influenza and bronchial catarrh and bronchitis, accompanied with distressing cough, its value has been clearly demonstrated.

In all the cases here presented I gathered the herb and prepared the extract, not wishing any doubt to hang over the species of the plant used or the preparation of the remedy.

The mode of preparing the extract, or of making the infusion, should here be stated. The extract is prepared by exhausting the officinal portion of the plant of its resin and other soluble ingredients by digesting in water, containing about one ounce of borate of soda to three pints of liquid, and subjecting it to pressure; repeating the operation, straining the liquid through flannel, and evaporating to the proper consistence. To make the infusion, 4 ozs. of the heads and terminal leaves are put in two pints of water, in which has been dissolved 3 ij of borate of soda.—W. P. Gibbons, M. D., of Alameda, in *Transactions of the Medical Society of the State of California.*

GRINDELIA IN ASTHMA.—By W. P. Gibbons, M. D., of Alameda: Several years ago I commenced the task of classifying and examining the medical plants of the Pacific Coast, with reference to determining their therapeutic value. Progress in this work has been necessarily slow, on account of its presenting an almost untrodden field of investigation. Not that the botanical literature of the country was indifferently illustrated, nor because its flora presented any considerable number of new plants, with unknown medical properties, for, up to the Fall of 1865, Prof. Brewer reported the number of phanerogamous and of the higher cryptogamous plants collected to be sixteen hundred species, of which but eleven per cent. were new to California; and Dr. Gray, in connection with the same point, observes, "that while the Eastern flora possesses so many orders which are not represented in the Western, no order represented in Oregon or California is wanting in the flora of our Northern States." The difficulties which meet us in this relation are collateral to botany, as a science. Though the medical properties of certain orders of plants in the Eastern States are well defined, California presents many different species of the same orders. Even the same species growing on an isothermal line, will naturally have its properties modified under the climate of the Pacific Coast. For the same causes which produce variety in the development of vegetable organization will also produce modifications in the products of this development. Take, for example, the *arctostaphylus uva ursi*, of U. S. D.—a trailing shrub from four to six inches high, generally diffused north and northwest from New Jersey. From some cause the market receives its principal supply of this drug from Europe. In California there are four or five species of the genus, varying in size from the diminutive and prostrate *pungens*, which grow at an altitude of ten thousand feet, to the *tomentosa* and *glauca* of our foot hills, which attain a height of fifteen feet. Beyond doubt, all of our species possess active astringent and tonic properties to an eminent degree, and, so far as the uva-ursi, has other properties to recommend it, so far our own species may be used as a substitute. Yet, such facts as these have, as yet, no official recognition. It is the same with many other California plants. Some with recognized virtues in domestic practice, neglected by the profession, have been taken under the fostering care of our modern alchemists, who, putting to shame, the spirit of Sandivogius himself, not only convert all base material into gold, but, by intermediate operations, produce elixirs of such potential virtue that there is no longer necessity in the world for the existence of disease, or of physicians or even of undertakers.

From what has been said, it will be perceived that a proper digest of our medical flora implies new tests of every plant contained in the catalogue. It calls for the combined labor of physicians and pharmaceutists, and it is a work which will require years of patient industry to accomplish; and I take advantage of this opportunity to solicit coöperative labor from members of the profession.

Excluding some plants, whose properties have not been tested, I have so far registered one hundred and fifty-eight genera, which include about three hundred species, which represent recognized medicinal virtues. Of these genera, thirty-seven are officinal, twenty-three hold a secondary rank, forty-five are noticed in the appendix, while fifty-three are not mentioned in the dispensatory. To illustrate the plan of investigation which it is proposed to pursue in relation to these, I will take the grindelia. Several years ago this plant was brought before the attention of the profession by Dr. W. O. Ayres, of San Francisco, who had used it with marked success in the treatment of asthma. Such an announcement was well calculated to excite interest in relation to a disease on which therapeutic agents produce such uncertain results. Accordingly the plant was sought for, and admin-

nistered in numerous cases, and though prescribed under the prestige of a specific, the general results were so unsatisfactory that it was soon discarded, and almost forgotten.

Grindelia belongs to the nat. ord. *compositæ*. It is perennial throwing up a simple stem during the first year, which dies in the Fall; subsequently from two to ten stems are evolved, as the root attains age; these stems becoming suffruticose or shrubbery. About the first of May its spherical involucres appeared on a branched stem, and they are soon covered with a milk-white resinous exudation. The flowers began to expand a few weeks later, when they exhibit hemispherical heads with yellow florets, not unlike a small sunflower. There are ten species described by Torry and Gray, two of which are common throughout California—the *G. robusta* and the *hirsutula*. These are easily distinguished, the robusta growing on salt water marshes and in swampy inland localities, the hirsutula occupying dry hillsides and fields. The leaves of the one are smooth, oblong, obtuse, coarsely, if at all, serrate, and clasping the stem. The stem of the hirsutula is hairy, leaves oblong, somewhat pubescent, sharply serrate-toothed. There is no material difference in the heads of the two species; and so far as is known, they do not differ in medicinal properties, though the robusta is thought by Dr. Ayers to be the most active. The resinous matter which exudes from the heads, and to some extent is developed in the leaves, is slowly soluble in water; freely so in alcohol and ether. *But all the soluble matter of the plant is not taken up by alcohol, and as yet it is undetermined whether its active principle is contained in the resin or in the juice or in both. For this reason the infusion is preferable to other preparations for administration.*

The first authenticated case in which grindelia was used is reported in the December number of the Pacfiic Medical and Surgical Journal, 1866, by the editor. The subject was a patient of Dr. Ayres. He had been a victim of asthma in its most virulent form about six years. His health gradually yielded to the disease, until at length he felt almost prepared to succumb, and to abandon all prospect of further service in his vocatfon. For a long time he had generally passed the night in his chair, with the torture usually incident to his disorder. He had exhausted the ordinary round of remedies, finding some relief from the paroxysm in the inhalation of chloroform. At this juncture a friend sent to him a quantity of syrup prepared from the herb above named, with the assurance that the person sending it, and a number of other individuals, had been cured or greatly benefited by the use of it in asthma. Without attaching any importance to the article, or anticipating any benefit from it, he took a wineglass full of the syrup on going to bed—not, however, until he had consulted his physician, Professor Ayres, who permitted its use merely as a safe experiment. That night, for the first time for many months, he slept soundly, and was amazed on waking to find that the night was past. This was in April last, and he continued the medicine regularly in the same manner, with the same results, for four months, when a slight return of the disease took place, after unusual exposure and fatigue. But he has not spent one night out of bed since beginning the use of the medicine, now seven months ago. His general health and strength are greatly improved, and he is now capable of performing the most arduous duties incident to his profession, though frepuently threatened with returns of his malady. On the threatened approach of a paroxysm, indicated by a sense of constriction and wheezing, he immediately resorts to the medicine, always with relief. Besides this, he takes regularly about a wineglassful of the syrup every night. Hitherto, he has suffered most severely late in Autumn, prior to the rainy season. But this year he passed through that period with comparative comfort.

Case 2: Reported by Dr. E. T. Barber, of Eureka: A patient who had been subject to violent attacks of asthma for several years, and had experienced no relief. Dr. B. administered ʒ j syr. grindelia combined with iod. pot. once in three or four hours, and continued it for several days. The paroxysms disappeared, and the patient had been perfectly free from their recurrence to the time of this report, eighteen months afterwards.

Case 3. This case came under my own charge. I was called in the night to J. B——, a hotel keeper, who was suffering from such an alarming attack of asthma that he was unwilling for me to leave the bedside for two hours. The paroxysm gradually passed off. The patient had been a sufferer from the disease for several years, the attacks coming on about every fortnight. I afterwards gave him a *strong infusion of the plant*, about four ounces a day. It has now been four years, and has been perfectly free from disease since the above named attack.

Case 4. A fortnight ago I was called to a boy 12 years old, who had been suffering from asthma for three or four days. He is subject to periodical attacks. I administered half an ounce of strong infusion of grindelia, to be repeated every two or three hours. The first dose gave him rclief in a few minutes, and he has had no further symptoms of the complaint since.

On the assumption that this record includes *all* the cases which have becn wholly or partially successful under the treatment of grindelia, the conclusion is sustained: if the plant is not entitled to an officinal rank, its claims are so far established as to render it worthy of more extended trial.

The process by which the therapeutic value of a remedy is often decided is not calculated to advance the reputation of medicine as a science. The subject now under consideration proves this proposition. True or idiopathic asthma is a purely nervous affection, its characteristic phenomena being due to contraction of the bronchial tubes, incited either by some subtle irritant inspired, as dust, cold air, emanations from hay, etc., or by remote causes, through the cerebro-spinal or the ganglionic system. Paroxysms are often induced by the presence of bronchitis or emphysema. They may be caused by disease of the brain or spinal nerves, or by disease of the heart or lungs.

In all cases it is necessary to distinguish between the causes which originate asthma and the diseases which excite its paroxysms. While the latter may determine its manifestation, the asthma yet remains

independent of them; and no remedy that will prove effective in overcoming a paroxysm in the idiopathic form will succeed when administered in cases which have been determined by the presence of organic disease. Hence the importance in practice, of distinguishing between true neurosis, in which pathological anatomy has failed to detect any organic lesion, and that which is complicated with recognized disease.

THE USTILAGO MAIDIS AS AN OXYTOCIC.—Believing fully that quite as much good is often accomplished in carefully studying those remedies we have already found valuable, and that may also possess other and yet unknown therapeutic properties, thereby limiting to a convenient number the medical armamentarium, as in bringing to notice new medicines for trial which may not have any superior value to those at present well known, and hence cumbering the books with a multitude of agents which, at best, are in many cases simply substitutes one for the other, conscientious care should be exercised in presenting questionable remedies to the profession.

The spirit of conservatism, however, must not be indulged to the extent of discouraging laudable investigation of those agents which by any methods are shown to possess either before unknown properties, or which produce results similar to well known agents, but more in harmony with nature, than those with which we are familiar.

In the light of the above considerations, I would call attention to what I know of the Ustilago Maidis, and the experience I have had with it in severe cases of parturition. It is now some fifteen years since the Ustilago began to be studied, and what I have read of it has been gathered from the periodical medical literature of the day, the best summary of which that I have seen is in "New Preparations," for January, 1877.

The Ustilago Maidis has its habitat in the United States, and is commonly known as corn smut, corn ergot, its medicinal part being the fungus, exclusive of chaff. It contains the propylamin and secalin, active constituents in the *secale cornutum*, ergot.

From time to time brief articles have appered in the medical journals claiming oxytocic properties for the "Ustilago." It is known that cows and other domestic animals eating it while carrying their young, frequently abort. Experiments made with it upon the pregnant bitch causes her to abort. Mules feeding on it have suffered from ergotism.

Having a quantity of P., D. & Co.'s fluid extract Ustilago Maidis put into my hands several years since, I resolved to test its properties, and the following cases will illustrate the results:

Case 1. Mrs. B., had been in labor three hours with her third child, when I was called. The os uteri was fully dilated and the child's head had descended well into the true pelvis, in the first position, but the pains had ceased for half an hour before I arrived. The vaginal examination and gentle manipulation upon the abdomen failed to excite pains. The parts were cool and the lady was comparatively comfortable. As previous labors had been somewhat rapid in the second stage, I did not feel at liberty to leave the house, so I took my seat in an adjoining room in company with my paper. Half an hour had elapsed but all was at a standstill. I then ruptured the membranes and there was quite a large discharge of the liquor amnii, and the patient was advised to move about the room, which she did. Another half hour elapsed without any sign of labor pains, and I gave thirty drops of the Ustilago, repeating the dose in twenty minutes. In about twenty minutes she had a very steady and firm, but short pain; in about six minutes more the second pain came on but was longer than the previous one. After this the pains recurred after a remission of about four minutes until labor terminated, which was in about fifty minutes from the time of the first pain after taking the Ustilago.

Case 2. Mrs. A, 35 years of age, healthy. This was her second labor, and I was engaged because the family felt there was undue haste in using the forceps in her first confinement on account of feeble pains during the second stage of labor. There was a ruptured perineum and a still-born child, and the patient was confined to her bed for many weeks.

I learned that the attending physician in the first labor, a skilful obstetrician, waited an hour after the second stage of labor had set in, and then gave with in a little time half an ounce of Squibbs' Fl. ext. of ergot; this failing to produce any pains he etherized his patient, put on the "Long Forceps," and after three-quarters of an hour's trial delivered the mother of her child.

I did not allow myself in the least to unfavorably criticise her attendant, but explained that being present he could better judge than I what the circumstances of the case demanded. But I had not the least desire or intention unless it was imperatively demanded, to use the obstetric forceps in this case in the face of the strongest prejudice of an intelligent and influential family, especially when one who was fully my peer had lost family and favors by doing so, it may be somewhat hastily.

Labor began at 2 A. M. I first saw the patient at about 8 A. M. The pains had been somewhat frequent and the os uteri was dilated to the size of a half dollar, and was dilatable; the parts were cool and moist, but the patient was quite nervous. Ordered her toast and coffee, and left her for an hour, when I returned to find the os the size of a dollar. Saw her again at 11 A. M., and found her much as at last visit; at 12.30 P. M., the pains were a little sharper with a sense of bearing down when they came on. At 1.30 P. M. I called and found the os fully dilated and the head in the first position, engaged in the superior strait. The pains were occasional, short and sharp. For an hour there was scarcely any progress. I then ruptured the membranes, when the average amount of liquor amnii escaped, but the pains were not increased. Another hour's waiting was without any good results, and I administered thirty drops of the ustilago maidis; in twenty minutes I gave forty drops of the remedy, as the first dose had produced no effects. In about ten minutes from the taking of the second dose the pains came on and were repeated with great regularity every five minutes,

and were strong and natural. The perfect remission was very marked. In about forty minutes from the taking of the second dose of medicine the lady was delivered of a nine-and-a-half pound boy without the least accident. In a few moments a more vigorous pain came on and with a slight traction on the funis the secundines were thrown off. The patient convalesced rapidly.

Case 3. Mrs. P., æt. 32, a lady in fair health, borne four children. In each labor the second stage had always been prolonged from uterine inertia, the forceps having been resorted to in her first, third and fourth parturitions. Saw her at 10 A. M.; the first stage of labor was completed and the child had descended considerably into the pelvis. The pains had subsided; ruptured the membranes, used friction to the abdomen and advised her to walk about the room which she did, but the pains did not set up. At 12 M., gave Squibbs' fluid extract of ergot, two drachms; at 1 P. M., there being no indication of labor coming on gave Parke, Davis & Co.'s fluid extract ustilago maidis, 45 drops, and in fifteen minutes labor set up vigorously and terminated at 2 P. M.

Many other cases in a manner similar to those cited might be given to show the efficiency of the "ustilago maidis" as an oxytocic, but these may suffice for the purpose in view.

The question now arises, "would not ergot have done all this as well as the agent used?" I answer "possibly it might; but it had once failed with patient No. 2." This, however, is what is claimed pre-eminently for the ustilago maidis, namely: "the pains that it induces are strong, regular and remittent; they greatly resemble natural labor pains." The peculiarity of the pains induced by the ergot are strong, continued and spasmodic, contracting the uterus violently, so long, indeed, that "the child is often destroyed by their persistency." The continual "forcing" of the pains of ergot must have impressed every one who has prescribed it frequently.

Now, if the ustilago does what is claimed for it as an oxytocic, and is free from the well known objections to ergot, then it is well worth our attention and trial in practice. I shall certainly test it further as opportunity offers.

In taste it is not as objectional as the ergot; it does not deteriorate by keeping as rapidly as ergot, and is a more plentiful and hence a cheaper article. It is also claimed for it that it possesses much value in uterine hemorrhage, of which I feel very certain from a not very limited experience in its use; but so far should prefer the hypodermic injection of ergotine to it.—Dr. C. E. Mills, in Massachusetts *Eclectic Med. Jour.*

Polypodium Incanum, Its Emmenagogue Properties.—In the issue of the Chicago Medical Review, July 5, 1881, page 292, I see that "a new emmenagogue" is referred to, and it is stated that the Philadelphia Medical Times of June 18, 1881, quotes a letter from Dr. C. H. Mastin, of Mobile, which describes the emmenagogue and abortifacient virtues of the polypodium incanum, a plant largely used by the negroes in the interior of Alabama.

As the wording of that article tends to convey the idea that I have called the attention of the profession to the discovery of a new emmenagogue, I desire to use the pages of the Review for the purpose of correcting any such impression; and to give the plain, simple facts in the case. I have not seen the article in the Philadelphia Medical Times, and the first intimation which I have had that such an article was in existence, is the notice which is made of it in the July 5 issue of the Review. So far from being the discoverer of a new emmenagogue, or of attributing such qualities to the plant in question, I have never used the polypodium incanum, nor do I know anything, of my own knowledge, of any real emmenagogue properties which it may possess.

I have never published anything relating to such properties, in the Philadelphia Times, or in any other medical journal. I am equally sure it was not the wish or intent of my friend, Dr. H. C. Wood, the editor of the Times, to convey any such impression.

In May last, my attention was called to the fact that a certian parasitic plant, growing upon the oak and other forest trees, was in common use among the negroes of Central Alabama, for the purpose of inducing the menstrual flow, and also for the purpose of producing abortion. In fact, that among a large number of negroes residing in a certain locality, who were in the constant habit of using an infusion made from this plant, it was well known that the birth of a child was of exceeding rarity. These facts came to my knowledge from reliable and trustworthy sources, and hence I was induced to investigate the subject. The infusion of the ordinary cotton root was long used as an oxytocic by the slaves of Mississippi, before it was brought to the notice of Dr. Bouchelle, of that state, who first called the attention of the profession to its real effects.

I very naturally supposed that it was equally probable the same properties might exist in the polypodium, and that they had possibly been discovered by the negroes of Alabama, hence I desired to investigate the matter, and see if there was any real merit in the plant. To this end, I secured a quantity of the article and sent it to my personal friend, Dr. H. C. Wood, of Philadelphia, at the same time writing him a private letter, in which I communicated to him the facts as they had been given to me, requesting him to furnish me the botanical name and properties of the plant, stating that it was my intention to test the reputed qualities of the same.

A large number of our remedies, if not the entire list of medicinal preparations, have been brought into use by the accidental discovery of their properties, and it is only to experiment and observation that we are to look for new discoveries, and the introduction of new remedies. In this instance it is not improbable that the polypodium incanum may possess the qualities represented to me, since the mistletoe, another parasitic plant, found upon the same kind of trees, has been recently introduced to the profession, and its claims advocated as avery decided emmenagogue.

Although I have no especial ambition to be the discoverer of a new emmenagogue, and most certainly none for introducing a remedy having de-

cided abortifacient properties, still I shall investigate the subject, and if the results of my examinations are not negative, I will present them to the profession through the proper channels, hoping at the same time that others may give their attention to the subject, and favor us with the result of their examination.—C. H. Mastin, M. D., Mobile, Ala., in *Chicago Medical Review*.

THE BOTANICAL SOURCE OF TONGA.—The following article, communicated to the Gardener's Chronicle of July 23, by Mrs. M. J. Clendinning, of Melbourne, Australia, supplements the previous notes which have been printed in The Druggist (Vol. 2, pp. 135, 201) in regard to this remedy, concerning the fluid extract of which our readers have heard through our advertising colomns:

Some months ago I saw an account of a newly introduced remedy for neuralgia, named Tonga, which had come from Fiji in the form of dried leaves and chips. These had been broken up into such small pieces that it had been found impossible to recognize the tree or plant from which they had been taken. The article stated that inquries had been instituted in Fiji as to the production; but in vain, as the secret was jealously guarded by those natives who were acquaintcd with it. On reading the above statement I wrote to my brother, Mr. R. L. Holmes, a resident in Fiji for some years past, urging him to seek for information in the matter. I have just received a letter from him, telling of his complete success, and giving some details of his discovery, which may prove interesting to your readers. He informs me that the medicine derives its name from Tonga, one of the Friendly Islands, whence it had been first introduced to Fiji. An old Tonga man, living on Tavinni, one of the Fijian group, was found willing to impart the secret to a Wesleyan clergyman, at the same time giving him specimens of the plants of which the medicine is composed, and which were indigenous to the island on which he was then living. On receiving these, Mr. Holmes showed the plants to a Tonga native living near him, on Vanua Levu, who at once recognized them, exclaiming, "These are our medicines," giving them at the same time their native names—viz., "Aro" and "Nai Yalu." My brother subsequently found the plants growing plentifully on his plantation, and describes them as follows:

"The Aro, when growing on open dry ground, is a small shrub, but near water courses it becomes a tall tree; of this the inner bark is the part used. The second plant, "the Nai Yalu," is a creeper or epiphyte, growing freely in sheltered places, especially damp bush, climbing over the stones, etc., till it finds a tree, when it changes its nature, from a small vine-like stem, no thicker than a quill, with small simple leaves, to one from 1 inch to 2 inches in diameter, the leaves at the same time becoming compound, from 1 foot to 2 feet in length—a handsome plant. The dried scraped stem of this constitutes the second ingredient in Tonga."

Along with these particulars my brother sent me the original specimens collected in Tavinni by the Tongese. All this was highly satisfactory, but, for want of the necessary books, we could not supply the finishing touch to his discovery by ascertaining the botanical as well as the native names of the plants. This, however, I was happily enabled to obtain from the eminent botanist, Baron von Mueller, to whom the specimens were submitted for identification. He recognized them at a glance, though unaware of their medicinal qualities, and stated their proper names to be as follows:—"The Aro is Premna taitensis, one of the Verbenaceæ; while the Nai Yalu, or Walu, is an Arad, named Rhaphidophora vitiensis."—*The Druggist*, Sept., 1881.

USTILAGO MAIDIS.—Corn smut—corn ergot in the treatment of uterine fibroids.—About five months ago I received a sample bottle of fld. extr. of ustilago maidis, manufactured by Parke, Davis & Co., of Detroit. Soon after, a Mrs. S., æt. 36, very tall and corpulent, a lady of wealth, came into my office and applied for medical advice. Before asking any questions whatever, she showed me a paper purporting to be the names of physicians she was treated by, and without the least benefit (so she said), among whom I noticed some of the most prominent gynecologists in the country, and one from Germany, Prof. Carl Schroeder.

The celebrated Prof. Thomas, of New York, informed her that her case was hopeless, and that it would be folly on her part to continue any medical treatment unless see would undergo an operation, which, according to his opinion, would be most dangerous, and next to impossible, because of her precarious mental and physical condition.

An examination with Sims' speculum revealed a rounded protuberance at the internal os, which I diagnosed at once as a uterine fibroid. The fibroid was about the size of a large goose egg; it was attached to the right latero-anterior portion of the uterus. I gave ustilago maidis in ten drop doses three times a day, for two months, when,upon examination, I fonnd the tumor reduced to more than half its former size. I now advised an increase of five drops each dose for at least another month. At the end of a month and a half I made another examination by means of tents, but could detect no sign of a tumor.

I discharged her as cured. Her present health is excellent.

Mrs. S. recommended to me two other lady patients, belonging to the aristocracy of New York City.

One has an interstitial fibroid tumor in the right inguinal region, about the size of an ostrich egg. I put her on ustilago maidis; she is progressing favorably.

The other lady was suffering from temporary insanity caused through uterine disorders, the principal cause being ulceration of the cervix uteri, extending far up within the os. I applied a strong solution of nitrate of silver, to which was added two or three drops of nitric acid. The cauterization was most thorough, but the parts were well washed with warm soft water afterwards. The day

following she was more like her former self than she had been for months.

I prescribed for her, quiniæ et ferri citrat. ʒ ij.; vin. porten. ℥ vj.; teaspoonful before each meal; ext. hyoscyami, grs. xv.; ext. nucis vomicæ, grs. vj.; ext. taraxaci, grs. xx.; ft. pil. No. xv., one pill after dinner; potassii bromidi, xxv. grs at bed time. She recovered under this treatment very rapidly. The same lady also had an ovarian tumor, which I treated with ustilago maidis hypodermically, and if she continues progressing, as she really does at present, there is every probability of effecting a cure without resorting to ovariotomy.—Geo. Vaillant, M. D., Ph. D., in *The Medical Eclectic.*

Folia Carobæ.—Will you allow me the space in your valuable journal to call attention to the new remedy known as folia carobæ, recently introduced into this country from Brazil? As its name indicatns, the foliage only is used for medicinal purposes. The aborigines of Brazil, and more especially their medicine men, have long known the beneficial effects of this agent. Through them it became known to the physicians of Brazil, and soon after it was introduced into Germany by Camillo Weber, an eminent apothecary of Leipsic, and was thoroughly tested by eminent German physicians. It was then brought to the notice of the Academy of Medicine of Paris, and it now finds a place in the French materia medica. Its medicinal virtues appear to consist in its powerful anti-syphilitic and tonic qualities. I have used it in my own practice the past year with the happiest results.

Case 1.—Mr. A., æt. 26; disease, secondary syphilis. The patient was sadly run down, unable to perform any manual labor; appetite gone; had been treated some time "regularly." For two weeks he was kept on full doses of iodide potassium and syrup stillingia compound, and then was given 30 drops of fluid extract carobæ three times a day. In four weeks he had gained 30 pounds, and was able to do a full day's work, and, at the end of four weeks more, was discharged cured.

Case 2.—Mrs. B., æt. 37; disease, hereditary syphilis. Patient had been treated from childhood by leading physicians, north and south and had made a trial of the Hot Springs. I had known her for three years. She was always poor and anæmic, with a cadaverous look. I gave iodide potassium and syrup stillingia compound, for two weeks, and then followed with fluid extract carobæ, 30 gtt. doses, for six weeks. Patient gained 20 pounds, had rosy cheeks and a vigorous step. She was discharged as cured, and assured me that she never felt so well in her life.

Case 3.—Mr. C., æt. 26; disease, primary syphilis. The chancres were cauterized, and treatment commenced with 15 gtt. doses of carobæ. The patient was discharged in six weeks, cured.

Cases 4, 5, 6 and 7.—Mother and three children, with scrofulous diathesis, with cutaneous eruptions upon head, body and extremities; some patches were as large as a silver dollar, covered with heavy incrustations, and discharging fetid, purulent matter. I prescribed carobæ in doses graduated to age, and applied locally hydrate chloral ʒ ii, aqua Oj, preceded with plenty of soap and water. In two weeks there was a decided improvement. The chloral wash was then changed for acid boracic ʒ ij, cosmoline ℥ ij. At the end of the sixth week the skin was perfectly healed and smooth. The carobæ was continued two weeks longer, and the whole family discharged cured.

I have used this remedy, also, in rheumatic affections with decided success, and in all stages of syphilis, but its most prompt action is manifest in old syphilitic ulcers and eruptions. It is also valuable as a local application in the form of a decoction, in most of the troublesome diseases of the skin. As an alterative, I believe it to be one of the most powerful and speedy in the materia medica, while as a general tonic it is unexcelled. The dose of the fluid extract for an adult is from 15 to 60 drops three times a day.—Charles C. Edson, M. D., in *Chicago Medical Times.*

Black Haw.—Among the indigenous remedies introduced to the profession, no one is entitled to greater confidence, or has received comparatively so little attention as the viburnum prunifolium, or black haw. When first brought to notice by a southern physician as a remedy to prevent miscarriage, that was supposed to be its sole remedial virtue. Experience has proved its applicability to other uterine affections. Not only is its anti-abortifacient power well attested by several observers, but in other uterine affections it is of undoubted efficacy. I have treated a few cases of threatened abortion and premature labor, with the viburnum, with successful results. In my judgement it will quiet uterine action with more certainty than any other anodyne, or anti-spasmodic. In a recent conversation with a medical friend, he extolled its virtues highly, and said that it seldom disappointed him in its effects. Every physician who has practiced for any length of time has often been disappointed in the effect of opium in arresting threatened abortion, and many entertain the opinion, that in many cases it facilitates, rather than prevents, its occurrence. If the statements of many who have tried the viburnum are reliable, we have a remedy for a threatened danger to a pregnant woman, that is invaluable, and one that may save the lives of children.

In dysmenorrhœa, especially in the spasmodic form which occurs in women of delicate habit and a sensitive, nervous organization, its action is usually prompt and beneficial. In the majority of cases of what is called functional dysmenorrhœa, it will afford decided relief, if properly given, and in those cases that are due to flexions, narrowing of cervical canal, or other organic causes, its palliative effect is often well marked. The sympathetic disturbance of other organs preceding and during the menstrual flow, particularly the insensibility of the stomach, renders the exhibition of remedies no easy task. Many women have an idiosyncrasy with regard to any preparation of opium, which renders its administration unpleasant and often useless in relieving pain, in consequence

of the nausea, vomiting and other unpleasant effects following its use. It is in these cases that black haw is peculiarly well adapted. Although its taste is bitter, it usually agrees with the stomach and according to my experience it is seldom rejected or produces nausea or other disagreeable results.

Its mode of action is anodyne and antispasmodic. Beyond its power of relieving pain, I have observed no other apparent effect upon the system. While the remedial power of viburnum is inestimable, it commends itself to the profession in another point of view. If it will relieve the pain preceding and during menstruation, for which opium and alcoholic stimulants are ordinarily given, it will remove the danger of contracting the opium habit, or the intemperate use of intoxicating drinks, which have blighted the lives and destroyed the health and happiness of so many. If the viburnum will supply the place of these potent agents, and accomplish all, even more than they; if danger to pregnant women can be averted and the lives of children saved; if the agonizing pain can be palliated or relieved, and the formation of habits as strong as death can be prevented or avoided—then we have a boon in this agent whose value it would be hard to estimate. Whether it will accomplish all that is claimed for it more extended observation and experience in its use will perhaps be necessary to determine. That is will do much in the affections for which it has been used, I know from experience. The fluid extract is the preparation I have used, giving it in half drachm to one drachm doses, repeated every one, two, three or more hours, as the exigencies of the case may require. In consequence of its bitter taste it is best combined with some of the syrups, or what is better, the aromatic or simple elixirs, in equal parts.—Robert Boal, M. D., in *Peoria Med. Monthly*, Oct. 1881.

Coto Bark and Jamaica Dogwood.—This section has been visited during the past three months by an epidemic which, for the want of a better name, we have called "diarrhœa." All ages and conditions of individuals have alike been subject to the seizures. The attacks usually occur suddenly, near the bed hour or near the early morning hours. The evacuations are colliquative in character, often numbering from ten to twenty within a few hours. These dejections are similar to the "rice-water" stools in true cholera, and are also frequently attended with sharp cutting pains through the bowels; some are also attended by much nausea and distressing vomiting. The above symptoms are usually followed in a few hours by a stage of "collapse" or extreme prostration, during which time patients have but little control over the evacuations, and the surface is bathed in a cold, clammy perspiration, wich is usually followed by a considerable increase in temperature.

The usual remedies, such as opiates, camphor, etc., had but little or no effect in these cases, and, during the stage of collapse, active stimulants seemed to exert but little influence. On the advice of a fellow-doctor, I resorted to capsicum and quinine, and then capsicum and camphor, but obtained but little relief for my suffering patients. Then began to think over the list of "new remedies," and coto bark and Jamaica dogwood seemed to be specially indicated, and they were used with entire success. The fluid extract of both drugs was used in combination, epual parts of each. To a child of fifteen months old, I give from three to ten minims every hour until three doses are taken, then greatly lessen the dose, and lengthen the intervals during convalescence. The dose required for adults is usually from ʒss to ℥j., repeated every one to three hours until three doses are given, then ten minims or fifteen minims at longer intervals for twenty-four or thirty six hours, usually proved sufficient. These remedies not only checked the diarrhœa, but also stopped the pain and the vomiting. During the epidemic I have treated a large number of cases with these remedies in combination and have invariably obtained the same gratifying results. They are valuable additions to our stock of new remedies.—George C. Tallerday, M. D., in *Chicago Medical Times*, September, 1881.

A Supposed Cure for Hydrophobia.—M. Romanet du Caillot recently brought before the French Geographical Society a pamphlet by l'Abbé Lesserteur on the "Hoang Nan," a plant used in Tonquin in cases of hydrophobia, leprosy, etc. This plant, which has been classed by M. Pierrede Saïgnon among the strychniæ, may possibly be of use to explorers in tropical countries. M. Lesserteur gives an account of the cure in Tonquin of the bite of the black viper by means of this plant, and two cases of the cure of the bite of the cobra-capello in India; the bite of the cobra is simply death within the half hour. M. Feron, missionary in India, writes as follows: "A boy about 17 years of age was bitten on the heel by a cobra; in a few minutes his leg swelled as far as the thigh, and in less than ten his sight was completely lost. The first three pills restored his sight and reduced the swelling of the leg to below the knee; two more reduced it to the sole of the foot. At the end of half an hour no pain was felt except that occasioned by the lesion of the tendon achilles, which disappeared on cicatrization of the wound."—*The Medical Press and Circular.*

Bromide of Ethyl in Hysteria and Epilepsy.—MM. Bourneville and Ollier have been studying the action of bromide of ethyl on hysterical and epileptic patients, and have arrived at the following conclusions (Le Practicien): 1. Pupillary dilatation at the commencement of the inhalation of the bromide is not constant. 2. Complete muscular resolution is exceptional. 3. Anæsthesia is produced in very variable degrees according to the subjects. 4. The temperature, the secretions, the general state do not appear to be in any way modified. 5. The pulse and respiration are slightly

accelerated. 6. There may be produced more or less marked trembling of the limbs during the inhalation, but it does not continue after it. 7. Hysterical attacks are generally easily stopped by bromide of ethyl. 8. Attacks of epilepsy may sometimes be arrested by giving the remedy during the period of tonic spasm; more often the inhalation has no effect. 9. In epilepsy the regular employment of the remedy by daily inhalation for one or two months, markedly decreases the frequency of the attacks.—*Medical Press and Circular.*

HOANG-NAN.—The Oil and Drug News thus comments upon this new drug brought to the notice of the profession by Parke, Davis & Co., Detroit Mich.: "Hoang-Nan.—This is one of the latest introductions, and if a tithe of what is claimed for it prove true, it will merit a very important place in medicine. The reports show it to be possessed of very remarkable properties. Leprosy, rabies, poisoning from bites of venomous reptiles, and paralysis are some of the affections which it is claimed have been relieved by this wonderful drug. These affections have all been heretofore considered incurable, which fact is one of the strongest reasons that the claim of the drug should be further tested in cases which may be presented." So say we. The man who shall discover a remedy for any one of these maladies will immortalize his name and gain the gratitude of mankind.—*Louisville Medical News.*

THE TWO HELLEBORES.—Pecholir and Redier have recently (Journal de Médecine de Bordeaux, May 1, 1881,) investigated the properties of veratrum album and black hellebore. The first is an emeto-cathartic, contra-stimulant and sedative to the sensibility; the second is an excitant, and a very dangerous poison of rapid action. The confusion of these two drugs by various experimental investigators has led, at times, to terrible accidents, which explains the general dis-esteem in which hellebore is held. The veratrum album has, however, been but exceptionally used in medicine. Hypodermically, the vegetable principle which is so irritant per orem has proven itself of value as a cardiac stimulant.—*Chicago Medical Review.*

HOANG-NAN AND LEPROSY.—Dr. Piffard (New York Medical Record, June 25, 1881,) reports a case of leprosy so far benefited by hoang-nan that he is able to labor at the oar as a bargeman. While the effect of the remedy is interesting, the idea of associating a patient with a disease which has the reputation of being contagious, according to some authorities well qualified to speak with authority, with numerous other people not kept under any watch or guard does not appear to be a very judicious one.—*Chicago Medical Review.*

OOLACHAN OIL.—A new medicinal oil has just been introduced into this country by Messrs. Burgoyne and Burbidges, the well-known chemists of Coleman Street. It is known as oolachan oil, and is said to be scarcely distinguishable from cod-liver oil. It is obtained from a fish called by the North American Indians oolachan, or candle fish, from the fact that when dried the fish itself can be used as a torch or candle on account of the large quantity of oleaginous matter it contains. The fish is met with on the coasts of Vancouver's Island and British Columbia, and in the bays between the Frazer and the Skuna rivers. Similar in its habits to the salmon, it ascends the river to spawn once a year, but remains only for a very short period, sometimes not more than a day, and as this is the only time it can be caught by the Indians, the manufacture of the oil is somewhat precarious. The fish itself, which is about the size of a herring, is much esteemed by the Indians on account of its delicacy of flavor and valuable medicinal properties. In America the oil has already a great reputation as a valuable and efficient substitute for cod-liver oil, and there is every probability as it becomes known in this country of its taking a prominent place as an important medicine.—*Nature* (London) May 12, 1881.

RHUS AROMATICA IN ENURESIS.—This drug has been strongly recommended recently for enuresis and hæmorrhages. It contains an oleo-resin, to which its action in enuresis is due, and to its large proportion of gallo-tannic acid its therapeutic action in hæmorrhage is undoubtedly owing. While these chemical constituents would account for all its alleged virtues, still these latter require some further investigation. This opinion is still further confirmed when the great variation between the maximal and minimal dose of all its preparations is recollected when prescribing.—*Chicago Medical Review.*

THAPSIA.—None of the recent discoveries in therapeutics has received so prompt a recognition as thapsia. The remedy introduced by Dr. Rebulleau, of Algeria, and M. Perdriel, of Paris, is derived from a plant growing in Algeria, where it is called Bounefa—its botanical name being *Thapsia garganica.* It is extremely servicable in abdominal troubles, bronchitis, pleurisy, and rheumatic pains. It possesses a rubefacient action when applied in the form of a plaster, and its application is followed by a very abundant miliary eruption. It acts more rapidly and certainly than croton-oil, whilst it is readily applied and is free from the inconvenience which attends the use of other local applications.—*Le Concours Médical,* March 23, 1881.

CUNDURANGO ERUPTION.—Dr. J. E. Guntz (quoted in the Medical and Surgical Reporter, August 20, 1881) claims that Cundurango produces an eruption in about two per cent. of the cases in which it has been administered.